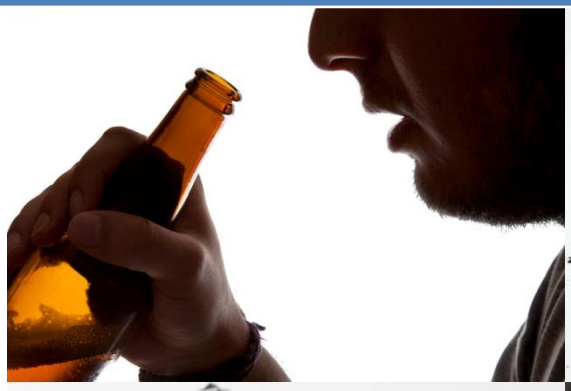
2013

West Virginia Behavioral Health Epidemiological Profile



West Virginia Bureau for Behavioral Health & Health Facilities

Mission: to improve the quality of life for West Virginians with behavioral health needs.

Developed October 2013

West Virginia Department of Health and Human Resources
Karen L. Bowling, Cabinet Secretary

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Acknowledgements

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Center for Health Services & Outcomes Research
3211 MacCorkle Avenue, Southeast
Charleston, WV 25304
camcinstitute.org

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405 Capitol Street, Suite 103
Charleston, WV 25301
1stchs.com

Governor's Highway Safety Program
5707 MacCorkle Avenue, Southeast
PO Box 17600
Charleston, WV 25317
www.transportation.wv.gov

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350 Capitol Street, Room 350
Charleston, WV 25301
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West Virginia Bureau for Children and Families
350 Capitol Street, Room 691
Charleston, WV 25301
www.wvdhhr.org/bcf

West Virginia Bureau for Medical Services
350 Capitol Street, Room 2
Charleston, WV 25301
www.dhhr.wv.gov/bms

West Virginia Bureau for Public Health
Office of Epidemiology and Prevention Services
350 Capitol Street, Room 125
Charleston, WV 25301
http://www.dhhr.wv.gov/oeps

West Virginia Bureau for Public Health
Health Statistics Center
350 Capitol Street, Room 165
Charleston, WV 25301
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Office of Maternal, Child and Family Health
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350 Capitol Street, Room 427
Charleston, WV 25301
http://www.wvdhhr.org/wvprams

West Virginia Coalition Against Domestic Violence
5004 Elk River Road, South
Elkview, WV 25071
www.wvcadv.org

West Virginia Coalition to End Homelessness
160 John Street
Weston, WV 26452
wvendhomelessness.org

West Virginia Department of Education Office of Healthy Schools
Building 6, Room 309
1900 Kanawha Boulevard, East
Charleston, WV 25305
wvde.state.wv.us/healthyschools

West Virginia Department of Education
Office of Research
Building 6, Room 722
1900 Kanawha Boulevard, East
Charleston, WV 25305
wvde.state.wv.us/research

West Virginia Division of Corrections
1409 Greenbrier Street
Charleston, WV 25311
www.wvdoc.com/wvdoc

West Virginia Division of Justice and Community Services
Office of Research and Strategic Planning
Justice Center for Evidence Based Practice
West Virginia Statistical Analysis Center
1204 Kanawha Boulevard, East
Charleston, WV 25301
www.djcs.wv.gov/SAC

West Virginia Health Care Authority
100 Dee Drive
Charleston, WV 25311
http://www.hca.wv.gov

West Virginia Higher Education Policy Commission
1018 Kanawha Boulevard, East, Suite 700
Charleston, WV 25301
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West Virginia National Guard
Prevention, Treatment and Outreach
1700 MacCorkle Avenue, Southeast
Charleston, WV 25314
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West Virginia Poison Center
Robert C. Byrd Health Science Center, Charleston Division
3110 MacCorkle Avenue, Southeast
Charleston, WV 25304
www.wvpoisoncenter.org

West Virginia Prescription (Rx) Abuse Drug Quitline
405 Capitol Street, Suite 103
Charleston, WV 25301
www.wvrxabuse.org

West Virginia State Police
725 Jefferson Road
South Charleston, WV 25309
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Building 1, Room E-100
1900 Kanawha Boulevard, East
Charleston, WV 25305
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Executive Summary

Purpose

The West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities (BBHHF), Division on Alcoholism and Drug Abuse is the designated Single State Authority (SSA) for substance abuse prevention and treatment activities in the state. The BBHHF administers the Substance Abuse Prevention and Treatment and Community Mental Health Block Grant Plan and Report that funds comprehensive behavioral health prevention, promotion, early intervention, treatment, and recovery programs statewide.

The West Virginia Behavioral Health Epidemiological Profile describes substance abuse consumption, consequences, risk and protective factors, as well as mental health issues in West Virginia. State and federal data sources were used to compile this document. The document is intended to serve as a single source reference for a variety of stakeholders and audiences seeking to obtain the most recent information related to substance abuse (alcohol, tobacco, and drugs) and mental health. It can also be used by prevention planners for interventions in high need areas. Some potential uses for this document are: applying for grant funds for substance abuse or mental health; surveillance; prevention program planning; and educational efforts. In line with SAMSHA's mission to reduce the impact of substance abuse and mental illness on America's communities, the intent is to continually update this document, based on the availability of data, to assist efforts to improve mental health and substance abuse outcomes.

Additional West Virginia Data Resources:

The West Virginia Behavioral Health Epidemiological Profile contains data from a variety of state and federal sources. Other West Virginia data publications which are complementary to this document are:

- **West Virginia Vital Statistics**, 2010, West Virginia Bureau for Public Health, Health Statistics Center http://www.wvdhhr.org/bph/hsc/statserv/Pub.asp?ID=169
- **West Virginia Behavioral Risk Factor Survey Report 2011,** West Virginia Bureau for Public Health, Health Statistics Center http://www.wvdhhr.org/bph/hsc/pubs/brfss/2011/BRFSS2011.pdf
- **Tobacco is Killing and Costing Us,** 2005-2009, West Virginia Bureau for Public Health, Health Statistics Center http://www.dhhr.wv.gov/wvdtp/Resources/reports/Documents/K-CU-summary-2009.pdf
- **WV Youth Tobacco Survey 2007 and 2009,** West Virginia Bureau for Public Health, Health Statistics Center http://www.wvdhhr.org/bph/hsc/statserv/Pub.asp?ID=155

Introductions

The data reported in this document are comprised of a variety of data sources related to substance consumption, related consequences, risk and protective factors, and mental health indicators. The data are organized by substance (alcohol, tobacco and drugs) and then by several mental health indicators (depression and psychological distress, suicide, homelessness, domestic violence, and sexual assault). A data source section of the report provides a description of the source, as well as information about who sponsors the data source, the geographic level of analysis available, and strengths and limitations of the data source. Each indicator section contains a description of the indicator. Also, there is a section explaining why each indicator is important.

Demographic Context

West Virginia is the only state that is entirely located within the Appalachian region and its terrain is largely mountainous, leading to its nickname "the Mountain State." It is bordered by five states: Pennsylvania, Maryland, Virginia, Kentucky, and Ohio. According to the United States (U.S.) Census in 2012, West Virginia had an estimated population of 1,855,413. The 2000 U.S. Census estimated that 46% of the population lived in a rural area. Charleston, the state capitol, had the largest population in WV of approximately 51,000 (2012 Census estimate). Other large cities estimates for 2012 include Huntington (49,160), Parkersburg (31,261), and Morgantown (31,000). West Virginia had a low racial diversity with 94% of the population being White, 3.5% being Black or African American, 1.5% being two or more races, 0.7% being Asian, and 0.2% being American Indian and Alaska Native. According to the 2012 Census estimate 1.3% of West Virginians are of Hispanic origin which is much lower than the national rate of 16.9%. At 16.8%, West Virginia had a higher percentage of elderly (those 65 years and older) than the nation at 13.7% in 2012.

West Virginia is an economically disadvantaged state, with one of the lowest median household incomes in the United States. The U.S. Census also lists the median household income from 2007-2011 in West Virginia as $39,550 compared to $52,762 nationwide. Thus, West Virginia has a higher percentage of those living below the poverty level (17.5%) compared to the nation (14.3%).

According to the Bureau of Labor Statistics, West Virginia's annual average unemployment rate was 7.3% in May 2013, which is slightly lower than the national rate of 7.9%. In 2007-2011 West Virginia had a lower percentage (82.6%) of people 25 years and older who have a high school diploma or higher level of education than the national estimate (95.4%). Also, West Virginia had a lower rate of people 25 and older who completed a bachelor's degree or higher (17.6%) compared to the US average (28.2%). Eighteen percent of students in West Virginia are dropouts, meaning they are not enrolled in school and have not graduated from high school. The American Psychological Association has shown that education has a direct impact on a person's socioeconomic wellbeing. According to the United Health Foundation's Health

Rankings, which evaluates health determinants by state, West Virginia ranked 47th in 2012; it was 43rd in 2011. Challenges described in the United Health Rankings report included the state's high prevalence sedentary lifestyle, obesity and diabetes, smoking, and high rate of preventable hospitalizations in West Virginia.

Data Sources

Data Source: Alcohol Epidemiologic Data System (AEDS)

Description: The responsibility of the AEDS's task is to identify, acquire, maintain, and analyze alcohol-related epidemiologic data under the direction of the NIAAA. Data is on volume beverage and ethanol consumption in gallons which is collected for states as well as per capita ethanol consumption. Data are presented for beer, wine, spirits, and all three combined.
Sponsored By: National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH)
Frequency: Data are collected and reported annually
Geographic Level: National, State
Strengths:

- Trend data available since 1990
- Collected consistently

Limitations:

- Lag-time in data reporting
- Data unavailable at the county level

Link to Source: http://pubs.niaaa.nih.gov/publications/datasys.htm

Data Source: Alcohol-Related Disease Impact (ARDI)

Data Description: ARDI is an online application that provides national and state estimates of alcohol-related health impacts, including years of potential life lost (YPLL). These estimates are calculated for 54 acute and chronic causes using alcohol-attributable fractions, and are reported by age and sex. There are three different reports to estimate alcohol-related deaths due to alcohol consumption in ARDI: Alcohol-Attributable Deaths which estimates the total number of deaths attributable to alcohol; Years of Potential Life Lost which estimates the total number of alcohol-related years of life lost resulting from premature death; Alcohol-Attributable Fractions which estimates the proportion of deaths from various causes that are attributable to alcohol.
Sponsored By: CDC
Geographic Level: National, State
Frequency: Five year average
Strengths:

- Provides alcohol-attributable mortality estimates across a number of diseases
- West Virginia specific alcohol related deaths are available by gender and age groups

Limitations:

- Based on self-report data from BRFSS (Behavioral Risk Factor Surveillance System)
- BRFSS prevalence estimates are based on alcohol use during the past 30 days; former drinkers are not included in the calculations

Link to Source: http://apps.nccd.cdc.gov/DACH_ARDI/Default/Default.aspx

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Description: The BRFSS is a cross-sectional telephone survey of adults conducted by the West Virginia Bureau for Public Health's Health Statistic Center with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). Every year, more than 5,000 West Virginians are randomly selected to participate in a telephone survey using a standardized questionnaire to determine the health practices of West Virginia residents. The data are collected by West Virginia and are sent to CDC, where monthly data are compiled for each state. At the end of the year the sample data are weighted to reflect the socio-demographic profile of West Virginia.

Sponsored by: CDC and the West Virginia Health Statistics Center (VSS)

Geographic level: National, State, and County

Frequency: Data collected monthly and reported annually

Strengths:

- Standardized and comparable across states
- Trend data available since 1984
- Starting in 2009, a smaller cell phone sample is conducted since the majority of younger adults may not have land lines

Limitations:

- Adults only
- Only civilian, non-institutionalized persons are eligible for the survey
- Self-report/response bias

Link to source: www.wvdhhr.org/bph/hsc/statserv/brfss.asp

Data Source: CDC WONDER Online Database

Description: The CDC WONDER online database contains vital population counts for the United States (mortality, birth, AIDS public use data, cancer registry, etc.). Counts and rates of death can be obtained by underlying cause of death, state, county, age, race, sex, and year.

Sponsored by: CDC

Geographic Level: National, State

Frequency: Data collected and reported annually

Strengths:

- Standardized and comparable across states
- Uses the International Classification of Diseases(ICD) for consistency
- Trend data available since 1979

Limitations:

- ICD-10 codes differ from ICD- 9 codes

Link to Source: wonder.cdc.gov

Data Source: Fatality Analysis Reporting System (FARS)

Description: A nationwide census providing data regarding fatal injuries suffered in motor vehicle traffic crashes. The data is used to assist the traffic safety community in identifying traffic safety problems, developing and implementing vehicle and driver countermeasures, and evaluation of motor vehicle safety standards and highway safety initiatives. FARS contains census data of all fatal traffic crashes in West Virginia and all 50 states, the District of Columbia, and Puerto Rico.

Sponsored by: National Center for Statistics and Analysis (NCSA), National Highway Traffic Safety Administration (NHTSA), US Department of Transportation (DOT)

Geographic level: National, State

Frequency: Data collected within 30 days of crash

Strengths:

- Standardized and comparable across states
- Trend data available since 1990

Limitations:

- Includes fatalities only, not all crashes from impaired driving

Link to source: www.nhtsa.gov/FARS

Data Source: National Survey on Drug Use and Health (NSDUH)

Description: The NSDUH serves as the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco uses in the civilian non-institutionalized population aged 12 and older in West Virginia and all 50 states. The survey is conducted using a telephone computer-assisted interviewing methodology.

Sponsored by: Substance Abuse and Mental Health Services Administration

Geographic level: National, State

Frequency: Annually (for analyses two years of data are combined)

Strengths:

- Trend data is available
- Standardized data collection nationwide

Limitations:

- The survey excludes data from active duty military personnel, persons living in institutional group quarters, prisoners, persons in drug use treatment centers, and homeless persons not living in a shelter
- No demographic breakdown of data available

Link to Source: nsduhweb.rti.org

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Description: West Virginia PRAMS is a joint research project between the West Virginia Department of Health and Human Resources Office of Maternal, Child and Family Health and the Centers for Disease Control and Prevention (CDC). The project is an on-going, population-based surveillance system designed to identify maternal attitudes and experiences before, during and after pregnancy. PRAMS is a survey-based system that collects information from women concerning their experiences before, during and after pregnancy. PRAMS asks women questions concerning a variety of topics, examples include: family planning, prenatal care, maternal risk factors, and maternal and infant health.

Sponsored by: CDC and West Virginia Bureau for Public Health

Geographic Level: National, State

Frequency: Annual

Strengths:

- Standardized data collection
- Trend data available since 2000
- Comparable across states

Limitations:

- Not all questions asked are comparable across states
- Self-report/response bias

Link to Source: www.cdc.gov/PRAMS/index.htm or http://www.wvdhhr.org/wvprams/

Data Source: Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)

Data Description: SAMMEC is an on-line software application available through CDC. It provides estimates for annual smoking-attributable deaths, years of potential life lost, smoking-attributable healthcare expenditures, and productivity losses (of those who die prematurely) for adults in the United States, individual states, and user-defined populations.

The SAMMEC program derives smoking-attributable mortality (SAM) using smoking-attributable fractions (SAFs) of deaths for 19 diseases where cigarette smoking is a cause, and calculations using sex-specific smoking prevalence and relative risk (RR) of death data for current and former smokers aged 35 and older.

Sponsored by: CDC

Geographic Level: State

Frequency: The user determines the frequency. The CDC produces its own state-by-state and national SAMMEC report every 3-5 years. See http://www.cdc.gov/mmwr/

Strengths:

- SAMMEC is one of the few economic estimation programs used to provide mortality and economic costs.

Limitations:

- The economic models used in SAMMEC resulted from research conducted several decades ago.
- SAMMEC estimates should only be applied to larger populations (state-level) and may require several years of data.

Link to Source: http://apps.nccd.cdc.gov/sammec/about_sammec.asp

Data Source: State Health Facts

Description: Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide easy to use health facts for all 50 states and the District of Columbia. Statehealthfacts.org provides data on more than 700 health topics and is linked to both the Kaiser Family Foundation and the Kaiser Health News. The data come from both public and private sources, including the Henry J. Kaiser Family Foundation (KFF) reports, public websites, government surveys and reports, and private organizations. The data related to the number of prescription drugs filled at retail pharmacies only are data from a panel of retail pharmacies, third party payers, and data providers. Retail pharmacies include independent pharmacies, chain pharmacies, food stores, and mass merchandisers found in 814 defined regional zones.
Sponsored by: The Henry J. Kaiser Family Foundation (KFF)
Geographic Level: National, State
Frequency: Varies between health topics
Strengths:

- Provides easy to use, comparable data for all 50 states

Limitations:

- Provides only the most up-to-date data available; trend data is not available from website, but may be requested.
- Excludes mail order pharmaceutical sales.

Link to Source: www.kff.org

Data Source: Treatment Episode Data Set (TEDS)

Description: TEDS is the only national patient level database on substance abuse treatment. TEDS annually receives 1.8 million admissions for treatment of abuse of alcohol and drugs from facilities that report to state administrative data systems.
Sponsored by: Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA)
Geographic level: National, State
Frequency: Annual
Strengths:

- Standardized and comparable across states
- Trend data available since 1992.

Limitations:

- Counts are by admissions, not by individuals; meaning an individual admitted multiple times during the year is counted every time they are admitted.
- Only the primary admission substance is counted.
- Time lag in reporting among some states.
- Does not capture data on facilities operated by Federal agencies (Bureau of Prisons, Department of Defense, and the Veterans Administration)

Link to Source: http://wwwdasis.samhsa.gov/dasis2/teds.htm

Data Source: Uniform Billing Database (UB)

Data Description: The Uniform Billing Database is an online tool for identifying, tracking, and analyzing West Virginia hospital statistics. Uniform Billing Database is collected by the West Virginia Health Care Authority. These statistics are based on "community hospitals," defined as nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers.

Sponsored by: West Virginia Health Care Authority

Geographic Level: State

Frequency: Annual

Strengths:

- Includes data on all inpatient discharges from non-federal hospitals in West Virginia

Limitations:

- Data is used primarily for administrative purposes rather than epidemiological analyses
- Excludes federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities.

Link to Source: http://www.hca.wv.gov/data/requestdata/Pages/default.aspx

Data Source: Vital Statistics System (VSS)

Description: Mortality information is collected from death certificates registered with the Health Statistics Center and includes personal identifiers, demographic characteristics of the deceased, cause and manner of death, and other information regarding the death. Data are collected on all deaths that occur in West Virginia and, through interstate exchange, for West Virginia residents who die out of state. State data are also reported to the National Center for Health Statistics at the CDC. The Vital Statistics System also include birth outcomes data collected from birth certificates registered with the Health Statistics Center as well as fetal death, marriage, and divorce data.

Sponsored by: West Virginia Health Statistics Center

Geographic Level: State, County

Frequency: Collected daily and reported annually

Strengths:

- Collected consistently by the state
- Complete coverage of vital events
- Underlying and multiple causes of death available beginning with 2012 data

Limitations:

- Time lag in receiving West Virginia resident death information from other states
- Information regarding some deaths in which drugs played a contributory role may be obscured by the actual cause of death

Link to Source: www.wvdhhr.org/bph/hsc/vital

Data Source: West Virginia Coalition Against Domestic Violence (WVCADV)

Data Description: WVCADV is a uniform database that all 14 licensed domestic violence programs in West Virginia use. The WVCADV database provides detailed data surrounding all aspects of services provided by licensed domestic violence programs across the state and captures a profile of the servicers (survivors/abusers). Data collected is used in developing public policy talking points, serves as a base for public awareness messaging, and guides the coalition in addressing unmet needs and gaps in services.

Sponsored By: West Virginia Coalition Against Domestic Violence

Geographic Level: State, County

Frequency: Aggregate data is submitted to the coalition on a monthly basis

Strengths:

- Database is uniform across all 14 licensed programs
- Consistent field definitions based on federal grant definitions
- User friendly and can be adapted through the creation of queries and reports for specific needs

Limitations:

- Data is limited as information captured is reliant upon what the survivor is willing to share
- Substance abuse information is not collected on survivors
- Local program staff turnover may reduce the uniformity in reporting practices and definitions because of their lack of training

Data Source: West Virginia Coalition to End Homelessness

Data Description: The West Virginia Coalition to End Homelessness, in partnership with the WV State HMIS Network, helps to maintain a database on sheltered homelessness including: disability, substance abuse, and severe mental illnesses. This database also contains information on bed availability, number of beds occupied, and type of beds occupied, currently in 50 counties of West Virginia. In 2014, the database will encompass all counties in WV.

Sponsored By: The West Virginia Coalition to End Homelessness

Geographic Level: State, County

Frequency: Live database

Strengths:

- Real-time data
- Collects unique data on a sensitive population that is at high risk for substance abuse and mental illness

Limitations:

- Does not contain the number of individuals turned away due to substance abuse or mental illness

Data Source: West Virginia Incident-Based Reporting System (WVIBRS)

Data Description: WVIBRS is the modernized version of the Uniform Crime (UCR) Program utilized by law enforcement. Details about every single crime occurrence are recorded in WVIBRS as opposed to the summary counts available through the UCR.

Sponsored By: WV State Police

Geographic Level: State, County

Frequency: Annual

Strengths:

- Collects data on every single crime incident and arrest within 22 crime categories including: DUI, drug/narcotic violations, and drug equipment violations
- Entire state is represented
- Dynamic data set where information can be continuously updated within a fairly wide time window

Limitations:

- Four month lag time in reporting data
- Reporting can be inconsistent over time across agencies
- Missing data is not accounted for in the state system

Data Source: West Virginia Juvenile Justice Database (WVJJDB)

Data Description: The West Virginia Juvenile Justice Database is used by West Virginia juvenile probation offices to provide statistical information on the juvenile offenders and offenses in an effort to facilitate sound policy and case-level decision, fair resource allocation and appropriate program development.

Sponsored By: Maintained by the Division of Probation Services of the West Virginia Supreme Court of Appeals

Geographic Level: State, County

Frequency: Annually

Strengths:

- State and county level data is consistent and uniform across the state, capturing key information on juvenile offenses.

Limitations:

- Data is limited to information provided by West Virginia juvenile probation; juvenile probation cases not entered into the web-based system are not included.

Data Source: West Virginia Office of Epidemiology and Prevention Services (OEPS)

Data Description: The Office of Epidemiology and Prevention Services is part of the West Virginia Bureau for Public Health, and consists of eight divisions which collect various surveillance data including: infectious disease epidemiology, immunization services, informatics, hemophilia, cancer epidemiology, STD, HIV & hepatitis, and tuberculosis.

- The West Virginia Electronic Disease Surveillance System (WVEDSS) is a web-based electronic reporting system; this system supports the surveillance of most infectious diseases including hepatitis B and C
- The STD Management Information System (STD-MIS) is a CDC provided electronic surveillance system which supports the surveillance of certain bacterial STDs including HIV and AIDS

Sponsored By: West Virginia Bureau for Public Health
Geographic Level: State, County
Frequency: Live databases
Strengths:

- Reporting of infectious diseases by the health care providers and facilities is required by WV Code 16-3-1; 64CSR7
- Consistent statewide surveillance systems
- Trend data available

Limitations:

- Behavioral risk factors are rarely reported on hepatitis surveillance forms; therefore it cannot be determined which hepatitis C cases are attributed to intravenous drug use
- Due to of passive surveillance, cases of hepatitis C are not recognized or reported, underestimating the burden of disease and related risk factors

Data Source: West Virginia Poison Center (WVPC) Database

Data Description: The West Virginia Poison Center collects data from incoming calls to the center. The database collects data from exposure and information calls. Data can be used to identify overdose trends and emerging drugs of abuse.
Sponsored by: West Virginia Poison Center
Geographic Level: State, Local
Frequency: Real-time data available

Strengths:

- Trend data readily retrievable from 2003 (data collected since 1980)
- National and State monitoring
- Exposure information and information calls are collected
- Common definition for data fields that have been well established on a national level and accuracy ensured via daily quality assurance activities
- Reports are from callers via telephone; this added layer of confidentiality may increase likelihood of reporting.

Limitations:

- Not all poisoning exposures are reported
- Some events are less likely to initiate poison center contact; for example a substance abuse death which occurs shortly after exposure or exposure to a common opiate such as heroin
- Only coded data fields are searched electronically; text fields require manual review on a case by case basis
- It is not bedside patient evaluation; the data is only as good or accurate as what is provided to the WVPC staff

Data Source: West Virginia Prescription Drug Abuse Quitline (WVPDAQ)

Data Description: WVPDAQ was developed to specifically assist individuals to determine their prescription drug quitting needs. Phone educators are highly trained in crisis and addictions. The WVPDAQ is an online database that contains all the qualitative and quantitative information collected by the WVPDAQ educators. When an individual calls into the Quitline, a WVPDAQ survey is collected in order to help serve the caller and provide trends.

Sponsored By: The West Virginia Education Fund

Geographic Level: State, Region

Frequency: Data is collected on a caller-by-caller basis. An intake survey is conducted during the initial phone call to WVPDAQ. After the initial call, three follow up surveys are scheduled. Since opening in 2008, WVPDAQ has served over 1,500 callers.

Strengths:

- Survey design was based on peer-reviewed, published research on the quality and effectiveness of public health intervention hotlines
- Data provides unique insight into prescription drug abuse that no other survey provides

Limitations:

- Based on self-report, report bias
- The surveys were voluntary; therefore county data was not available because of insufficient data collection on county of residence

Data Source: West Virginia Synar Program

Data Description: Under the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes the Synar Amendment (section 1926), states are required to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under 18 years of age. In order to comply with this legislation, West Virginia conducts annual, random, unannounced inspections of retail tobacco outlets and reports the findings to the U.S. Department of Health and Human Services (DHHS).
Sponsored By: Substance Abuse and Mental Health Administration (SAMSHA) and the Bureau for Behavioral Health and Health Facilities (BBHHF)
Geographic Level: State
Frequency: Annual
Strengths:

- Trend data available since 1997
- Measures progress in reducing youth access to tobacco
- Compliance checks are conducted uniformly from county to county

Limitations:

- Data is unable to track repeat retail violations across the state

Data Source: West Virginia Traffic Accident Database (WVTAD)

Data Description: The Governor's Highway Safety Program collects data from the West Virginia Traffic Accident database and the West Virginia Traffic Engineering Division of the Division of Highways. Data from the Governor's Highway Safety Program is used to plan traffic crash intervention programs. In addition, these programs target resources to police agencies to conduct various enforcement campaigns. The West Virginia Traffic Accident Database collects data from police officers who investigate traffic crashes through the state mandated traffic accident form which provides the state with data relating to all traffic crashes occurring on the state highway system.
Sponsored By: The West Virginia Traffic Engineering Division of the Division of Highways
Geographic Level: State
Frequency: Annual, partial year data available upon request
Strengths:

- Real-time data
- Trend data available since 2000

Limitations:

- The inability to query data

Data Source: West Virginia Youth Tobacco Survey (YTS)

Data Description: The YTS is an evaluation tool for West Virginia's State Tobacco Prevention Program. The YTS is a school based survey that collects data from young people in grades 6

through 12. The data provides information on many key intermediate and long-term tobacco related indicators.

Sponsored by: The West Virginia Division of Tobacco Prevention and the West Virginia Department of Education and the CDC

Geographic Level: State

Frequency: Biannually

Strengths:

- Tailored questionnaire to state's unique tobacco control program
- Trend data available
- Data that measure components of CDC's best practices for tobacco control programs

Limitations:

- Only public middle schools and high school students (grades 6-12) are eligible to participate
- Self-report/response-bias

Link to Source: www.cdc.gov/tobacco/datastatistics/surveys/yts

Data Source: Youth Risk Behavior Surveillance System (YRBS)

Description: The YRBS is a national survey administered to monitor six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults including: tobacco use, alcohol and other drug use, unhealthy dietary behaviors, physical activity, sexual risk behaviors, and behaviors that contribute to unintentional injuries and violence. The YRBS includes a national school-based survey conducted by the CDC that is administered to students in grades 9 through 12. The survey collects information on youth risk behaviors.

Sponsored by: CDC and West Virginia Department of Education

Frequency: Bi-annually

Strengths:

- Trend data since 1991
- Standardized survey across states

Limitations:

- Self-Report/response-bias
- County level data is not available

Link to Source: www.cdc.gov/healthyyouth/yrbs/index.htm

Summary of Key Findings

Consumption of Substances

Alcohol

- West Virginia was ranked as the second lowest state for current alcohol use, binge drinking, and heavy drinking in the nation in 2011 (BRFSS).
- 12th grade students (46%) in West Virginia are significantly more likely to have consumed alcohol within the last 30 days than 9th and 10th grade students (29.6%, 28.1%) (YRBS).
- 12th grade students in West Virginia were significantly more likely to binge drink (28.4%) than 9th and 10th grade students (17.1%, 15.5%) (YRBS).
- Adult males in West Virginia had a significantly higher percentage of binge drinking than adult females (BRFSS).
- Male high school students in West Virginia reported a significantly higher percentage (22.8%) of first use of alcohol before the age of 13 than females (15.6%) in 2011 (YRBS).
- In 2011, 12th grade students had a significantly higher percentage of driving a car after drinking alcohol than 9th, 10th and 11th grade students (YRBS).
- Male high school students have a significantly higher percentage of driving after drinking alcohol than female students in 2011 (YRBS).

Tobacco

- West Virginia had the second highest prevalence of current smoking among adults in the nation in 2011 (BRFSS).
- Adults with less than a high school education had a significantly higher prevalence of current smoking than adults with an education higher than high school (BRFSS).
- West Virginia had the fourth highest current smokeless tobacco prevalence in the nation and the third highest current smokeless tobacco prevalence among males in the nation in 2011 (BRFSS).
- Among pregnant women who smoked three months before pregnancy 65.7% smoked the last three months of pregnancy in 2010 (PRAMS).
- The percentage of low birth weight infants was significantly higher among those who reported smoking the last three months of their pregnancy from 2005-2010 (PRAMS).

Drugs

- In 2011 high school students in the 12th grade in West Virginia were significantly more likely to have reported using marijuana in past 30 days than 9th and 10th and 11th grade students (YRBS).
- Male high school students (24.2%) in West Virginia were significantly more likely to have used marijuana in the past 30 days than females (15.1%) in 2011 (YRBS).
- Male high school students (3.8%) in West Virginia reported a significantly higher percentage of use of cocaine in the last 30 days than female high school students (1.2%) (YRBS).
- Opioid single ingredient became the leading drug exposure reported to the West Virginia Poison Center in 2010.
- The leading prescription drug reported to the West Virginia Prescription Drug Abuse Quitline was oxycodone (31.8%) in 2012.
- Male high school students in West Virginia reported a significantly higher percentage of lifetime use of cocaine, heroin, methamphetamine, ecstasy, using steroid pills or shots, and use of any drugs via injection than female high school students in 2011 (YRBS).
- West Virginia has had a higher annual per capita of retail prescription drugs filled at pharmacies compared to the United States annual per capita from 2008-2011 (State Health Facts).
- Male high school students in West Virginia reported a significantly higher percentage (10.6%) of first use of marijuana before the age of 13 than female high school students (4.3%) (YRBS).

Consequences Resulting from Substance Abuse

Alcohol

- In West Virginia males had a significantly higher age-adjusted death rate from chronic liver disease and cirrhosis than females in West Virginia for each year and for the combined years 1999-2010 (VSS).
- Males in West Virginia had a significantly higher age-adjusted death rate from alcohol induced causes than females for each year and combined years 1999-2010 (VSS).
- The leading alcohol-attributable deaths due to excessive alcohol use for all ages in West Virginia from chronic causes are alcoholic liver disease and liver cirrhosis unspecified, and from acute causes such as motor-vehicle traffic crashes and suicide (ARDI).
- In 2011, 26.9% of persons killed in crashes in West Virginia were by drivers with a blood alcohol concentration (BAC) of 0.08 or higher, which was lower than the national rate of 30.6% (FARS).
- Males accounted for 76.4% of all of the alcohol related diagnosis discharges and 77.5% of all the alcohol dependence related diagnosis discharges in West Virginia in 2011 (UB).

- The West Virginia Department of Motor Vehicles (WVDMV) reported that there were 11,079 driving under the influence revocations in West Virginia in the 2012 fiscal year.

Tobacco

- During the years 2006-2010, the estimated annual direct health care costs caused by deaths and illnesses from smoking were $709 million (VSS).
- About 19% of all deaths (or nearly 1 in 5 deaths) of West Virginia adults aged 35 and older were caused by cigarette smoking (2006-2010). Due to smoking-related premature deaths these years, over 55,000 years of potential life (YPLL) were lost annually. This averages out to 14.6 years of lost life to smokers (WVHSC, SAMMEC).
- West Virginia has had a higher age-adjusted rate of death for lung/bronchus/trachea cancers, COPD, and emphysema from 1999 to 2010 than the national rate (VSS).
- Males had a significantly higher age-adjusted death rate than females for lung/bronchus/trachea cancers, COPD and emphysema for the combined years for 1999-2010 (VSS).

Drugs

- Discharges with a drug related diagnosis have steadily increased from 363.7 per 10,000 discharges in 2007 to 506.5 per 10,000 discharges in 2011 (UB).
- The rate per 100,000 population of acute hepatitis C has more than tripled from 2007 to 2012 (0.8 in 2007 to 3 in 2012) in West Virginia (OEPS).
- In 2012, 7% of reported HIV/AIDS cases in West Virginia were intravenous drug users (OEPS).
- West Virginia has had higher age-adjusted death rate than the nation for drug overdoses and poisonings from 2000 to 2010 (VSS).
- There was a significant increase between the age-adjusted death rate in 1999 to 2010 for West Virginia and for both genders for drug overdoses and poisonings and non-prescription drug overdoses and drug-induced causes (VSS).
- Other opiates accounted for the highest percentage of treatment admissions in West Virginia in 2010 (34.9%), which was four times higher than the national percentage (8.7%).
- The number of drug violation arrests in 2011 increased over 40% from 2004 (WVIBRS).

Factors Contributing to Substance Abuse

Alcohol

- Female high school students in West Virginia were significantly more likely to obtain alcohol by someone giving it to them in 2007-2011 (YRBS).
- Persons aged 18 to 25 years in West Virginia and in the United States reported having the lowest perceived risk of having five or more alcohol beverages once or twice a week compared to those 12-17 and 26 and older (NSDUH).

Tobacco

- The Synar violation rate for the sales or distribution of tobacco products to individuals under the age of 18 in West Virginia was 13.5% in 2012 (WVBHHF, WVHSC).
- During 2000 to 2011, over 30% of West Virginia's underage current smokers reported obtaining cigarettes by "giving money to someone else to buy them for me," this was significantly higher than any other method (WVYTS).

Drugs

- According to the West Virginia Prescription Drug Abuse Quitline, the most common responses for where respondent's indicated that they obtained their prescription drugs in 2012 were: buy on the street (86.9%), legitimate prescription (40.2%), and buying from family or friend (33.3%).
- The reported perception of harm from smoking marijuana was lowest among those aged 18-25 in West Virginia and in the United States compared to those 12-17 and 26 and older (NSDUH).

Behavioral Health

- From 2007 to 2011 females high school students in West Virginia were significantly more likely than males to feel sad or hopeless (YRBS).
- West Virginia had a significantly higher percentage of depression among adults than the nation in 2011.
- Adults in West Virginia reported a higher rate of any mental illness and serious mental illness in the past year than the United States between the years 2008-2011 (NSDUH).
- Adults in West Virginia reported a higher prevalence of having serious thoughts of suicide in the past year from 2008-2011 (NSDUH)
- Female high school students were significantly more likely to report having made a suicide plan than male students in West Virginia in 2009 and 2011 (YRBS).
- West Virginia has had a higher age-adjusted death rate for suicide than the United States from 1999 to 2010 (VSS).
- Data from the West Virginia Coalition to End Homelessness, Point in Time Count and Housing Inventory indicates an increase in the reported chronic substance abuse between 2012 and 2013: 48.6% increase among the sheltered and 67.5% increase among the unsheltered homeless.
- In 2012, 3.5% survivors served by the West Virginia Coalition Against Domestic Violence (WVCADV) were identified as having a mental illness and 11.6% were referred to a mental health facility or provider.
- In 2012, substance abuse was identified as contributing to abuse in 45.7% of WVCADV cases and 0.7% were referred to a mental health facility or provider.

Disclaimer

Every effort has been made to ensure the accuracy of the data and information presented in this profile, errors and conditions originating from physical sources used to develop the profile may be reflected in the data supplied. While the data being provided has been produced and processed from sources believed to be reliable, the Bureau for Behavioral Health and Health Facilities shall not be held liable for any errors in this data.

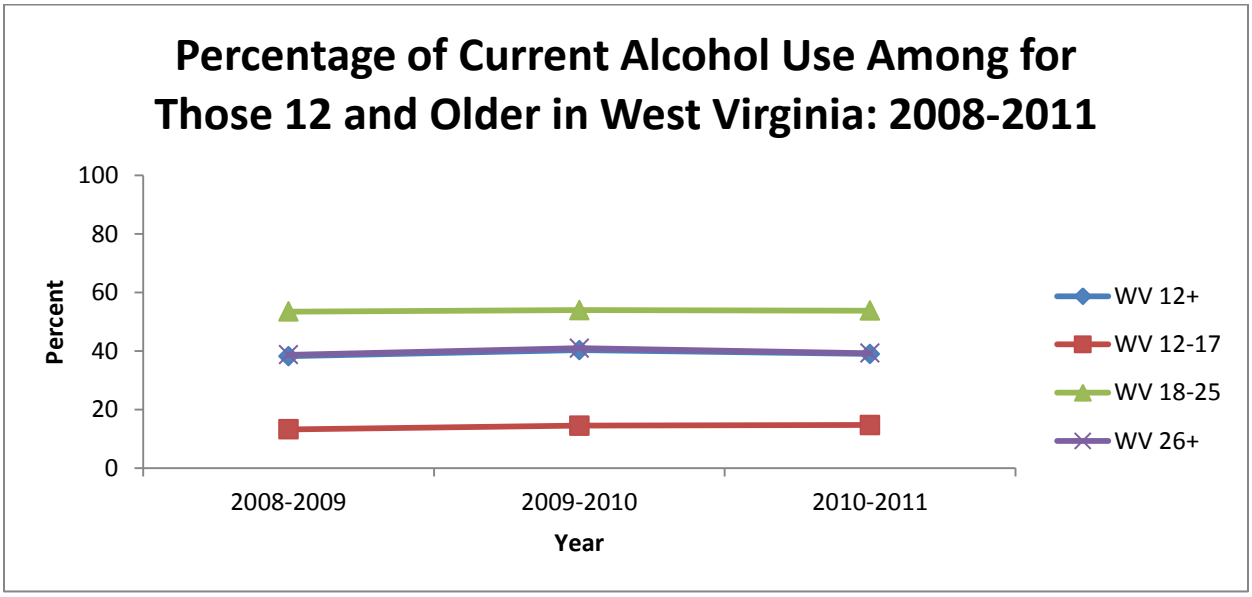
Alcohol Consumption

Current Use of Alcohol

Indicator Description: Current use is the consumption of at least one alcoholic beverage (beer, wine and liquor) within the last 30 days.

Why this indicator is important: Drinking alcohol can lead to long-term health risks such as chronic diseases, neurological impairments and social problems.

Those aged 18-25 reported the highest rate of current use of alcohol (use in the past month) from 2008-2011 compared to the other age groups. West Virginia had a lower rate of current alcohol use (39%, 2010-2011) than the national rate (51.8%, 2010-2011) (NSDUH).

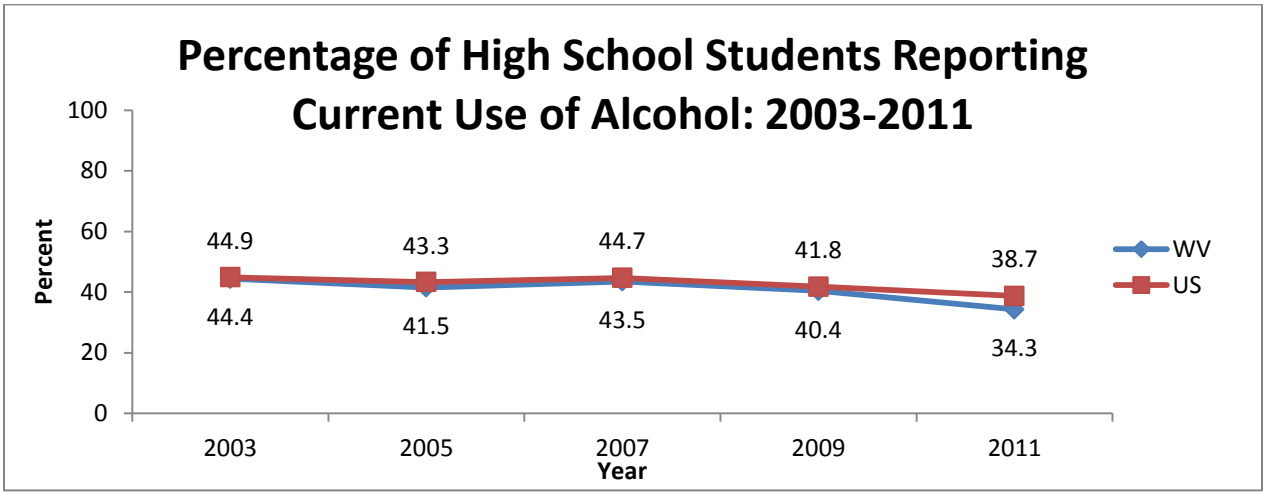


Percentage of Current Alcohol Use Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	13.2	14.5	14.7	14.8	14.2	13.5
18-25	53.5	53.9	53.8	61.5	61.6	61.0
26 and older	38.7	40.9	39.3	54.8	54.9	55.0
12 and older	38.2	40.3	39.0	51.7	51.8	51.8

Source: NSDUH

Note: Current use is defined as having at least one alcoholic drink in the past 30 days. 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Between 2003 and 2011 West Virginia high school students reported lower rates of current alcohol use in the past 30 days than the national average. Twelfth grade students (46%) in West Virginia were significantly more likely to have consumed alcohol within the last 30 days than 9th and 10th grade students (29.6%, 28.1% YRBS).

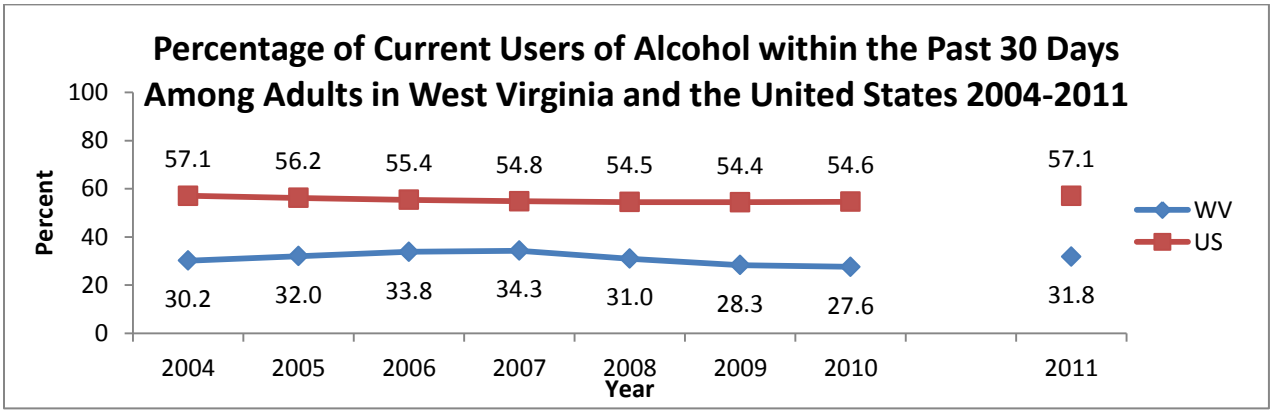


Percentage of High School Students Reporting Current Use of Alcohol by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	44.4	43.3	45.6	38.5	40.7	44.8	58.6
2005	41.5	45.3	37.5	37.2	39.9	49.7	41.3
2007	43.5	44.8	42.1	38.8	46.5	44.9	45.5
2009	40.4	40.5	40.2	30.5	36.6	47.5	49.5
2011	34.3	34.7	33.8	29.6	28.1	35.9	46.0
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	44.9	43.8	45.8	36.2	43.5	47.0	55.9
2005	43.3	43.8	42.8	36.2	42.0	46.0	50.8
2007	44.7	44.7	44.6	35.7	41.8	49.0	54.9
2009	41.8	40.8	42.9	31.5	40.6	45.7	51.7
2011	38.7	39.5	37.9	29.8	35.7	42.7	48.4

Source: YRBS

Notes: Current Use is defined as having at least one alcoholic drink in the past 30 days.

According to the Behavioral Risk Factor Surveillance System (BRFSS), West Virginia had a lower percentage of current use of alcohol among adults (in the past 30 days) than the US from 2004-2011. West Virginia was ranked as the second lowest for current alcohol use in the nation in 2011. Males had a higher prevalence of current use of alcohol than females. 18-24 year olds in West Virginia had a significantly higher percentage of current alcohol use than people 65 and over. College graduates in West Virginia had a significantly higher percentage of current alcohol use than those with less than a high school education. Also, those with an income of $75,000 and higher in West Virginia had a significantly higher prevalence of current use of alcohol than those with an income less than $15,000 (BRFSS).



Percentage of Current Users of Alcohol within Past 30 Days Among Adults by Gender and Age: 2004-2011

West Virginia

Year	Total	Gender		Age					
		Male	Female	18-24	25-34	35-44	45-54	55-64	65+
2004	30.2	38.6	22.5	41.6	40.6	34.4	31.8	23.1	14.9
2005	32.0	40.4	24.2	42.4	41.9	36.1	32.5	27.4	16.9
2006	33.8	42.6	25.6	40.7	42.1	44.7	36.9	28.4	15.6
2007	34.3	43.9	25.4	42.4	49.3	39.6	35.7	29.0	16.7
2008	31.0	39.6	23.0	33.1	40.2	35.8	35.3	26.5	18.4
2009	28.3	35.6	21.4	34.2	36.0	34.5	32.1	25.3	13.0
2010	27.6	35.5	20.2	34.2	36.5	32.3	31.3	23.8	13.2
2011	31.8	41.0	23.3	41.6	43.1	36.1	35.6	26.0	16.3

United States

Year	Total	Gender		Age					
		Male	Female	18-24	25-34	35-44	45-54	55-64	65+
2004	57.1	64.7	50.1	59.8	63.4	61.1	58.7	53.5	40.2
2005	56.2	63.5	49.0	56.4	62.6	61.3	59.1	53.3	39.5
2006	55.4	62.1	49.0	53.7	61.7	61.2	58.7	53.0	39.8
2007	54.8	62.0	47.9	53.1	60.2	60.4	57.7	54.4	39.3
2008	54.5	61.3	47.7	49.9	60.5	60.5	58.5	53.5	40.7
2009	54.4	62.0	46.9	49.9	60.2	60.3	57.6	54.1	41.0
2010	54.6	61.7	47.6	48.3	61.0	60.2	57.7	53.6	40.5
2011	57.1	63.3	51.3	55.5	66.3	60.5	59.1	53.6	42.3

Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is median prevalence).

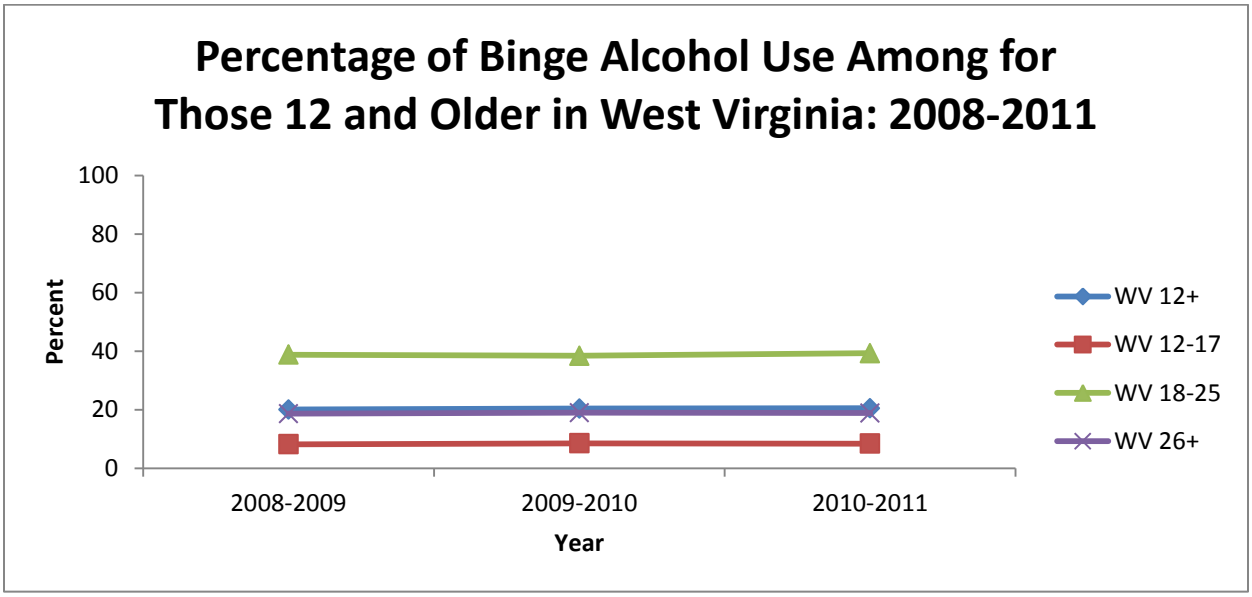
Note: Current use is defined as having had at least one alcoholic drink within the past 30 days. In 2011 there were changes made to the weighting methodology and the addition of the cell phone sampling frame, therefore 2011 prevalence data should not be directly compared to previous years of BRFSS data.

Binge Drinking

Indicator Description: Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or higher. This usually occurs when men consume 5 or more drinks, and when women consume 4 or more drinks, within a period of 2 hours.

Why Indicator is Important: According to Alcohol-Related Disease Impact (ARDI), binge drinking causes more than half of the 80,000 alcohol related deaths and excessive drinking accounts for three quarters of the $223.5 billion in alcohol related economic costs. Binge drinking is connected with many health problems such as injuries, alcohol poisoning, sexually transmitted diseases, chronic disease (such as cardiovascular disease and diabetes), children born with fetal alcohol spectrum disorders, neurological damage and more.

The highest reported binge drinking occurred among those aged 18-25. West Virginia had a slightly lower reported rate of binge drinking (20.5%, in 2010-2011) compared to the nation (22.9%, in 2010-2011), however those 12-17 reported a higher rate of binge drinking (8.4%) compared to the nation (7.6%) (NSDUH).

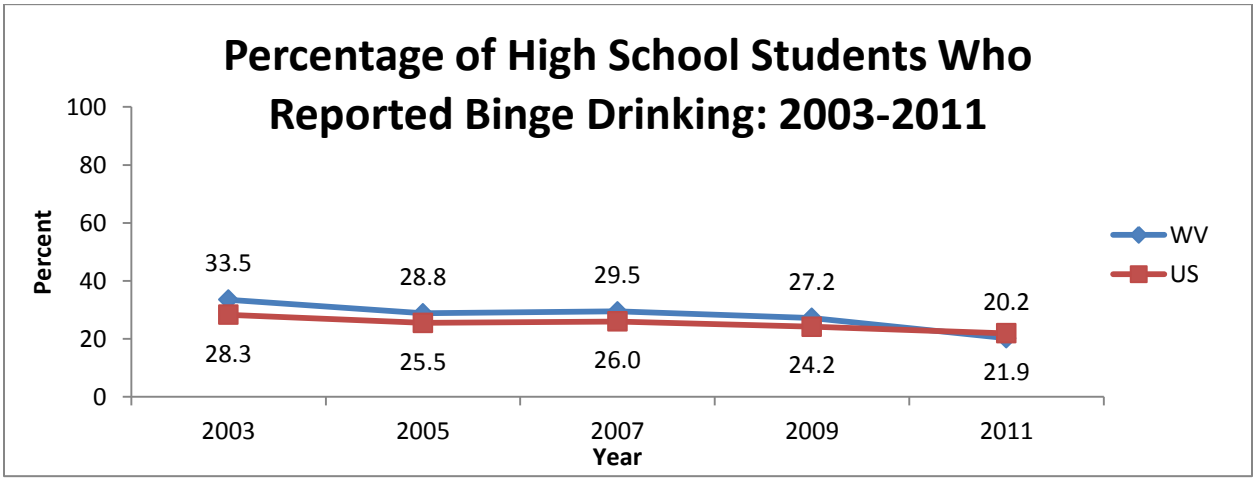


Percentage of Binge Alcohol Use Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	8.2	8.5	8.4	8.9	8.4	7.6
18-25	38.8	38.4	39.3	41.5	41.2	40.1
26 and older	18.6	19.0	18.8	22.3	22.2	21.8
12 and older	**20.1**	**20.4**	**20.5**	**23.5**	**23.4**	**22.9**

Source: NSDUH

Note: Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Twelfth grade students in West Virginia were significantly more likely to binge drink (28.4%) than 9th and 10th grade students (17.1%, 15.5%). Male high school students have had a higher percentage of binge drinkers than females from 2003-2011 (YRBS).

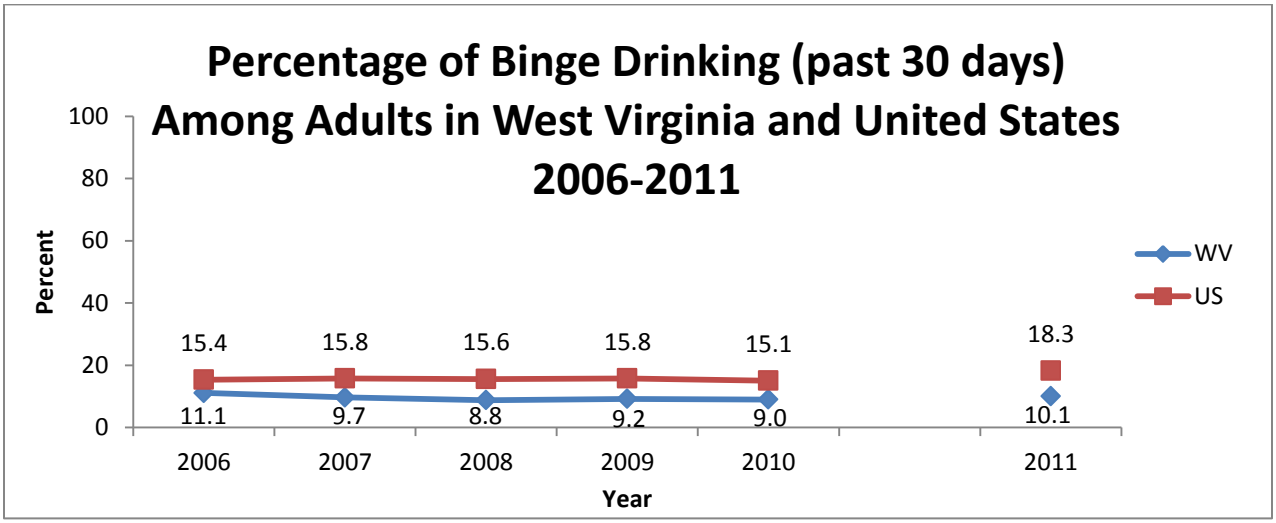


Percentage of High School Students Who Reported Binge Drinking by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	33.5	34.2	32.7	25.8	29.0	35.4	48.4
2005	28.8	32.2	25.3	26.0	26.5	33.2	30.7
2007	29.5	32.2	26.6	23.9	31.0	32.0	32.8
2009	27.2	28.7	25.4	18.4	22.4	32.1	37.9
2011	20.2	21.9	18.5	17.1	15.5	21.4	28.4
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	28.3	29.0	27.5	19.8	27.4	31.8	37.2
2005	25.5	27.5	23.5	19.0	24.6	27.6	32.8
2007	26.0	27.8	24.1	17.0	23.7	29.9	36.5
2009	24.2	25.0	23.4	15.3	22.3	28.3	33.5
2011	21.9	23.8	19.8	14.0	18.4	25.2	31.5

Source: YRBS

Notes: Binge drinking was defined as having 5 or more drinks on at least one occasion in the last 30 days.

The US had a significantly higher percentage of binge drinking among adults than West Virginia in 2011. West Virginia was the second lowest state for binge drinking among adults in the US in 2011. Adult males in West Virginia had a significantly higher percentage of binge drinking than adult females. Eighteen to twenty-four year olds had a significantly higher percentage of binge drinking than adults 35 and older. Adults 65 and older had a significantly lower percentage of binge drinking than all other age groups. Binge drinking was also significantly higher among adults with a high school education or some college than adults with less than high school education (BRFSS).



Percentage of Binge Drinking (past 30 days) among Adults by Gender and Age in West Virginia and United States 2006-2011

West Virginia

Year	Total	Gender		Age					
		Male	Female	18-24	25-34	35-44	45-54	55-64	65+
2006	11.1	16.0	6.7	24.1	16.3	14.7	10.7	4.7	2.0
2007	9.7	15.3	4.5	14.1	19.5	12.6	9.1	4.5	1.7
2008	8.8	14.0	3.9	13.8	17.4	10.4	9.1	4.0	1.3
2009	9.2	14.5	4.1	16.2	18.5	10.1	8.4	5.1	1.2
2010	9.0	13.6	4.7	18.2	14.2	12.2	8.1	5.0	1.6
2011	10.1	15.5	5.2	22.9	17.0	11.9	10.3	4.5	1.4

United States

Year	Total	Gender		Age					
		Male	Female	18-24	25-34	35-44	45-54	55-64	65+
2006	15.4	20.4	10.1	25.9	23.6	17.8	13.0	8.6	3.0
2007	15.8	21.2	10.1	27.4	22.5	18.8	13.8	9.0	3.5
2008	15.6	21.0	10.0	24.7	23.8	18.1	14.2	8.6	3.2
2009	15.8	21.3	10.6	25.2	23.9	18.4	14.4	9.4	3.5
2010	15.1	20.2	10.4	22.1	22.6	19.1	14.9	9.5	3.4
2011	18.3	24.2	12.6	29.2	30.3	21.3	16.9	10.3	4.1

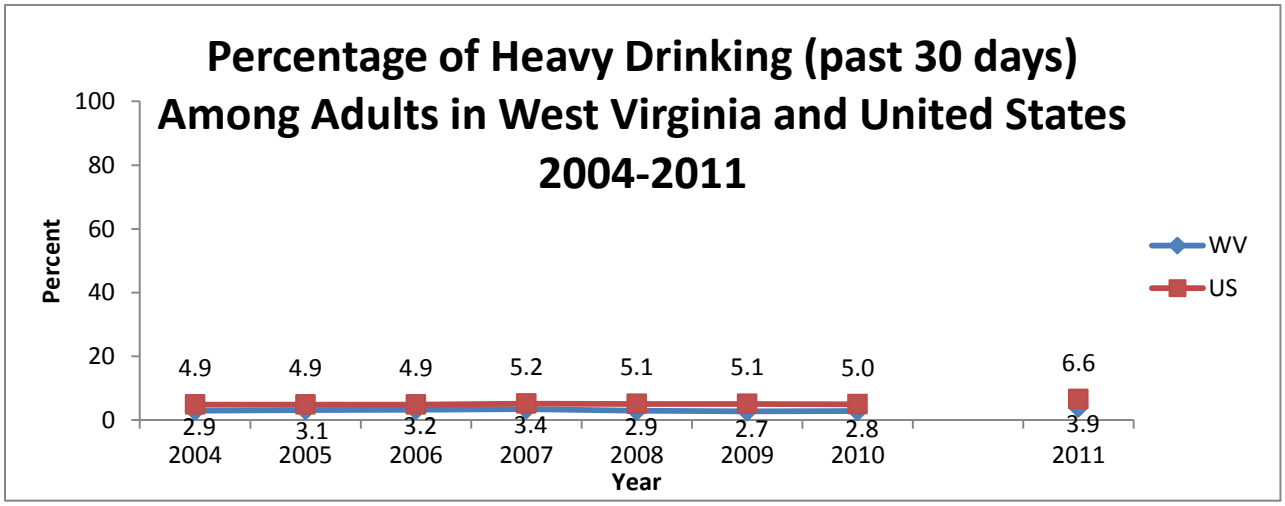
Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is median prevalence).

Note: Binge drinkers are defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion within the last 30 days. In 2011 there were changes made to the weighting methodology and the addition of the cell phone sampling frame, therefore 2011 prevalence data should not be directly compared to previous years of BRFSS data.

Heavy Drinking

Indicator Description: Heavy drinking is defined as having two or more alcoholic drinks daily for males and having one or more alcoholic drinks daily for females.
Why Indicator is Important: According to the CDC, heavy drinking increases the risks for health and safety. Some of the possible negative outcomes from heavy drinking include: unintentional injuries, violence, risky sexual behaviors, develop chronic diseases, neurological impairments and social problems.

West Virginia had a significantly lower percentage of heavy drinking compared to the United States in 2011. West Virginia had the second lowest percentage of heavy drinking in the nation in 2011. Males had a significantly higher percentage of heavy drinking than females in West Virginia. Eighteen to twenty-four year olds had a significantly higher percentage of heavy drinking than adults 65 and older in West Virginia (BRFSS).



Percentage of Heavy Drinking (past 30 days) among Adults by Gender and Age in West Virginia and United States 2004-2011									
West Virginia									
Year	**Total**	**Gender**		**Age**					
		Male	**Female**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**
2004	2.9	3.8	2.1	5.8*	2.1*	3.6	4.0	1.3*	1.0*
2005	3.1	4.7	1.7	4.6*	4.3	4.0	2.6	2.9	1.3*
2006	3.2	4.8	1.7	7.4*	3.5*	4.8	2.6	1.5*	0.9*
2007	3.4	5.5	1.5	3.7*	5.9	4.8	3.0	2.6	1.1
2008	2.9	4.2	1.6	3.1*	3.6*	2.0*	4.3	3.4	1.0*
2009	2.7	3.6	1.8	3.8*	3.5	2.3*	3.1	2.9	1.2
2010	2.8	3.7	2.0	2.8*	2.8*	4.1	3.7	2.8	1.2
2011	3.9	5.5	2.5	6.8*	5.4	3.9	5.5	2.2	1.4
United States									
Year	**Total**	**Gender**		**Age**					
		Male	**Female**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**
2004	4.9	5.8	4.2	8.7	4.8	4.6	4.5	4.0	2.9
2005	4.9	5.6	4.0	7.4	5.3	5.1	4.7	4.2	2.9
2006	4.9	5.6	4.4	7.4	5.3	4.9	4.7	4.2	2.6
2007	5.2	6.1	4.0	8.1	5.2	5.2	5.2	4.8	2.9
2008	5.1	5.6	4.4	7.3	5.5	5.2	5.7	4.6	3.0
2009	5.1	5.8	4.2	6.5	5.8	5	5.5	4.6	3.1
2010	5.0	5.4	4.5	5.2	4.9	4.9	5.6	4.9	3.0
2011	6.6	7.7	5.5	10.4	8.0	6.5	6.9	5.7	3.6

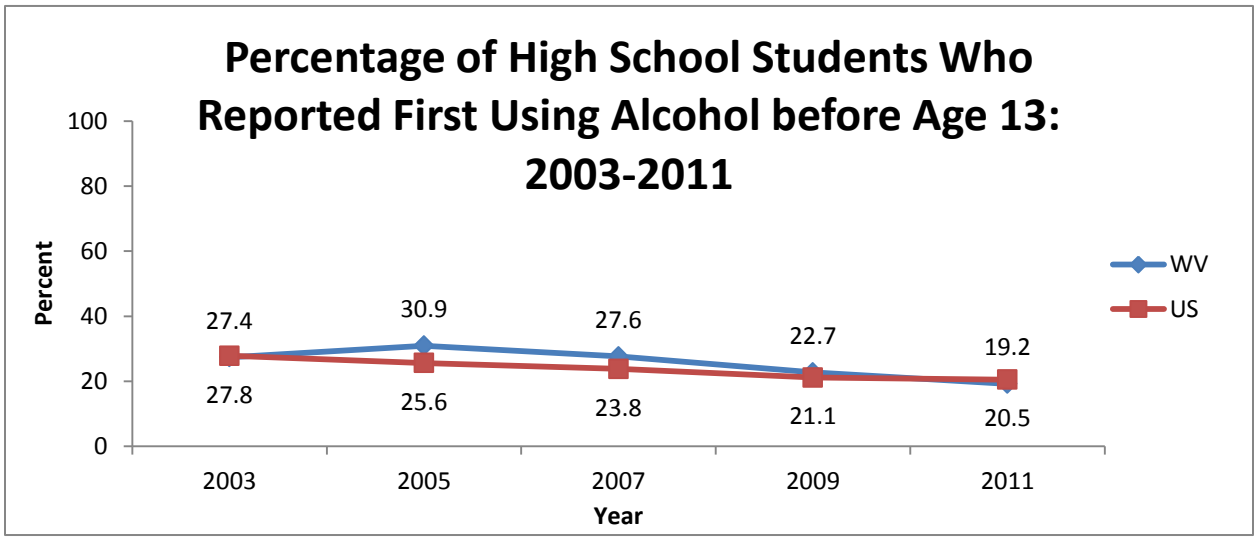
Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is median prevalence).

Note: Heavy Drinking is defined as adult men having more than two drinks per day and adult women having more than one drink per day within the past 30 days. In 2011 there were changes made to the weighting methodology and the addition of the cell phone sampling frame, therefore 2011 prevalence data should not be directly compared to previous years of BRFSS data. *Estimates may be unreliable.

Age of Initial Use

Indicator Description: Age of initial use is defined as the age of first use of alcohol.
Why Indicator is Important: Current research suggests an association between the age of initial use of alcohol and problems with alcohol later in life. Postponing the initial use of alcohol is believed to help prevent alcohol dependency and abuse in adulthood. Substance abuse prevention planners can use age of initial use to help develop and initiate appropriate prevention programs. This indicator helps determine what age group may be more at risk for developing alcohol dependence or other substance abuse problems.

Male high school students in West Virginia reported a significantly higher percentage (22.8%) of first use of alcohol before the age of 13 than females (15.6%) in 2011. Male high school students had a higher percentage of age of initial use of alcohol before the age of 13 than females from 2003-2011 in West Virginia (YRBS).

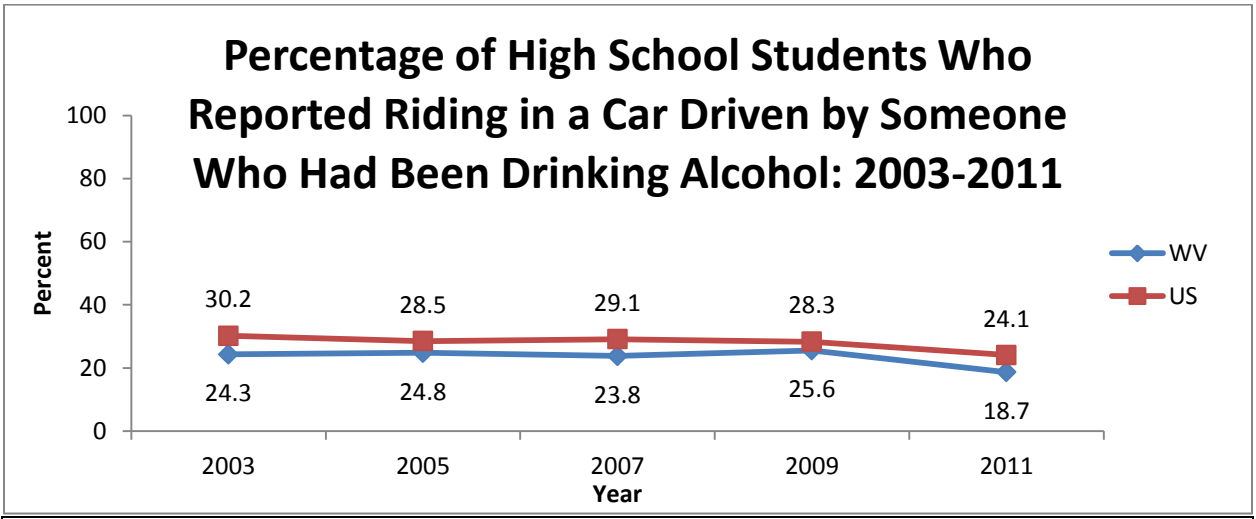


Percentage of High School Students Who Reported First Using Alcohol before Age 13 by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	27.4	28.8	25.9	31.4	28.6	23.7	24.5
2005	30.9	34.5	26.9	37.1	36.5	26.1	21.6
2007	27.6	31.9	23.0	38.1	24.7	22.9	21.6
2009	22.7	26.8	18.1	30.5	22.6	21.0	15.0
2011	19.2	22.8	15.6	26.9	20.2	15.7	12.5
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	27.8	32.0	23.3	36.4	28.5	23.0	20.3
2005	25.6	29.2	22.0	33.9	26.2	20.5	19.3
2007	23.8	27.4	20.0	30.9	24.4	19.6	18.0
2009	21.1	23.7	18.1	28.1	22.2	17.9	14.2
2011	20.5	23.3	17.4	26.6	21.1	17.6	15.1
Source: YRBS							

Driving and Alcohol

Indicator Description: Driving while intoxicated or drunk (with a BAC of 0.08 or higher).
Why Indicator is Important: According to the National Highway Traffic Safety Administration (NHTSA), every day almost 30 people in the United States die in a motor vehicle crash that involves an alcohol impaired driver. It is estimated that the annual cost of alcohol related crashes in the US is more than $51 billion. Since alcohol impairs a person's ability to drive, this indicator is a key measure for prevention providers so they can implement effective measures to reduce the number of deaths and injuries from impaired drivers.

West Virginia high school students were significantly less likely to ride in a car or other vehicle one or more times with someone who had been drinking alcohol compared to the national average in 2011 (YRBS).



Percentage of High School Students Who Reported Riding in a Car Driven by Someone Who Had Been Drinking Alcohol by Gender and Grade: 2003-2011

West Virginia

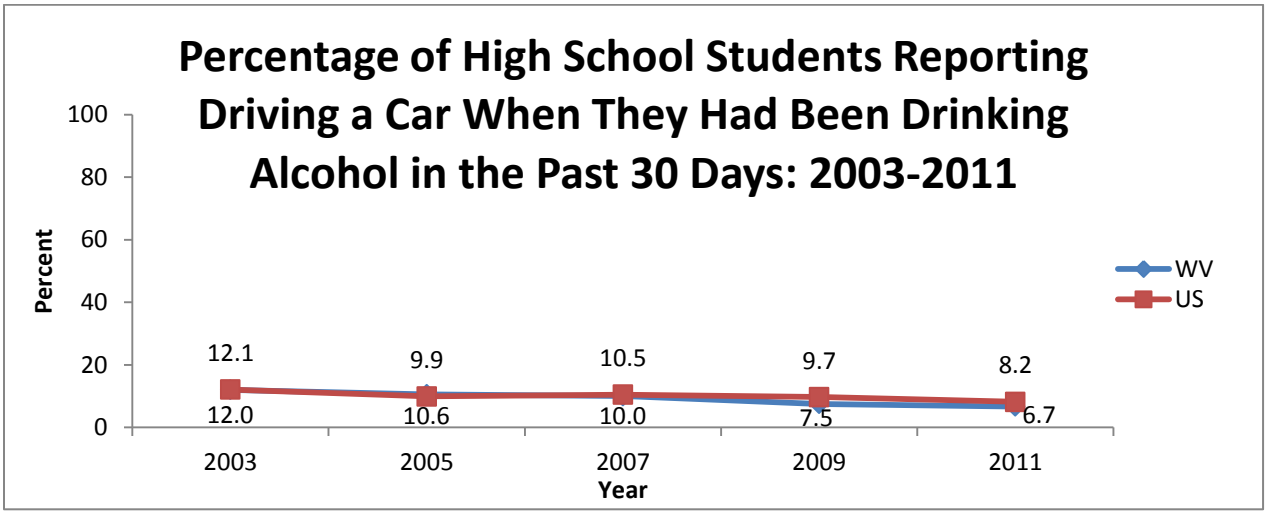
Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	24.3	24.7	23.9	21.1	21.2	28.1	27.2
2005	24.8	28.4	20.9	24.3	22.5	27.6	24.4
2007	23.8	25.3	22.0	22.3	25.6	20.0	27.6
2009	25.6	24.7	25.9	22.6	23.9	28.1	29.0
2011	18.7	19.9	17.5	19.5	15.8	18.5	21.2

United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	30.2	29.2	31.1	28.2	29.3	30.5	33.3
2005	28.5	27.2	29.6	27.9	27.8	28.0	30.1
2007	29.1	29.5	28.8	27.6	28.7	29.2	31.5
2009	28.3	27.8	28.8	27.5	28.0	29.4	28.2
2011	24.1	23.3	24.9	21.8	23.3	23.8	27.7

Source: YRBS
Notes: Students in 9-12 grades reporting riding in a car within the past 30 days with a driver who had been drinking alcohol.

In 2011, 12th grade students had a significantly higher percentage of driving a car after drinking alcohol (12.6%) than 9th, 10th and 11th grade students (4.7%, 4.2%, 6.1%). Male high school students in West Virginia had a significantly higher percentage of driving after drinking alcohol (9.1%) than female students (4.1%) in 2011. West Virginia high school students had a significantly lower rate of driving after drinking alcohol compared to the national average in 2009 and 2011 (YRBS).



Percentage of High School Students Reporting Driving a Car When They Had Been Drinking Alcohol by Gender and Grade: 2003-2011

West Virginia

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	12.0	14.5	9.3	6.9	10.3	13.9	18.5
2005	10.6	15.2	5.8	7.5	10.2	11.9	13.5
2007	10.0	12.8	6.8	6.1	11.0	9.5	14.5
2009	7.5	8.8	5.9	3.3	6.3	9.3	12.5
2011	6.7	9.1	4.1	4.7	4.2	6.1	12.6

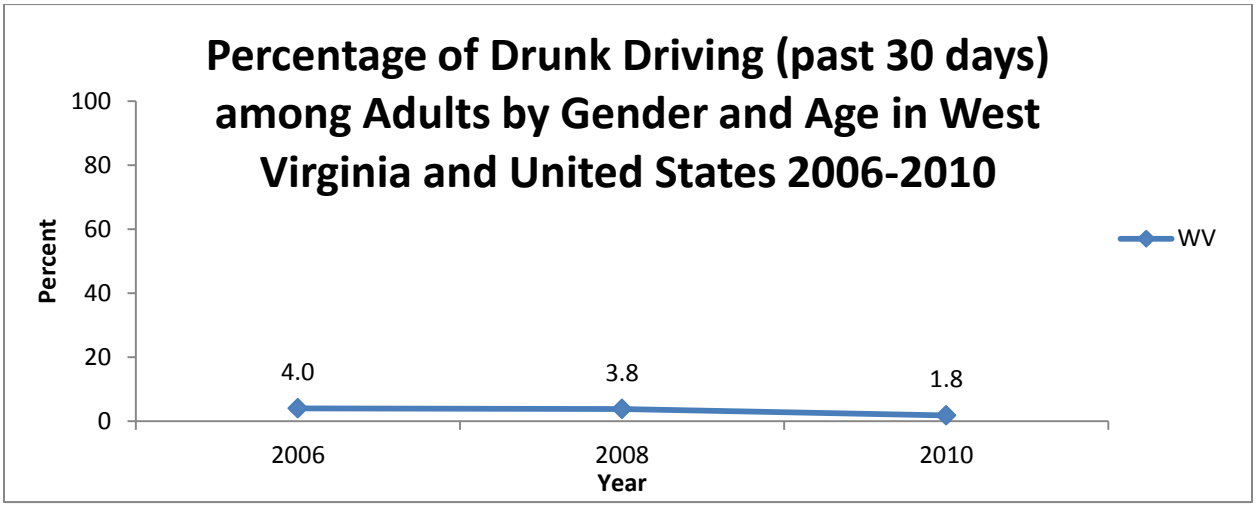
United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	12.1	15.0	8.9	6.2	9.2	15.3	19.8
2005	9.9	11.7	8.1	5.5	6.6	12.1	17.1
2007	10.5	12.8	8.1	5.5	8.7	11.5	18.3
2009	9.7	11.6	7.6	5.0	8.3	11.4	15.4
2011	8.2	9.5	6.7	4.7	5.6	9.1	13.6

Source: YRBS

Notes: Students in 9-12 grades reporting driving a car one or more times in the past 30 Days when they had been drinking alcohol.

Reported drunk driving (the past 30 days) among adults in West Virginia was 1.8% in 2010. Drunk driving among adults in West Virginia decreased slightly since 2006. Adult males had a higher rate of drunk driving compared to females from 2006-2010. Drunk driving was highest among adults 18-24 in West Virginia in 2006 and 2008 (BRFSS).



Percentage of Drunk Driving (past 30 days) among Adults by Gender and Age in West Virginia 2006-2010

West Virginia									
Year	Total	Gender		Age					
		Male	Female	18-24	25-34	35-44	45-54	55-64	65+
2006	4.0	4.6	3.0	11.3	2.5	4.9	2.6	0.7	1.2
2008	3.8	5.0	1.9	12.0	2.6	2.0	5.0	1.0	1.7
2010	1.8	2.1	1.5	NA	2.4	2.1	2.8	1.8	0.6

Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System (WV data is estimated prevalence).
Notes: 2006 excludes people who did not drink in past month; 2008 and 2010 excludes people who did not drink in past month and people who did not drive or ride in a car in past month. A US comparison is not available for drunk driving (BRFSS).

Alcohol Use During Pregnancy

Indicator Description: The consumption of alcohol during pregnancy.

Why Indicator is Important: According to the CDC, there is no known safe amount of alcohol to drink while pregnant. Drinking alcohol during pregnancy can lead to miscarriage, stillbirth, and fetal alcohol spectrum disorders (FASDs). Consuming alcohol in the first three months of pregnancy can cause the baby to have abnormal facial features. Problems with growth and central nervous system can occur from drinking alcohol during any point in the pregnancy. Brain development of the baby occurs throughout the pregnancy and can be damaged at any time from alcohol consumption by the mother. This indicator is important for prevention providers to deliver targeted education outreach and intervention to women during preconception and while they are pregnant in order to improve the health outcome of infants.

In 2010, 3.7% of women reported drinking alcohol the last three months of pregnancy. Pregnant women aged 35 and over had the highest percentage of drinking alcohol the last 3 months of pregnancy in West Virginia. In 2010, women with the lowest and highest income (< $10,000 and ≥ $50,000) reported the highest use of alcohol in the last three months of pregnancy (PRAMS).

Percentage of Drinking Last 3 Months of Pregnancy Among Women by Age, Income in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Total	2.9	4.7	3.7	3.0	3.3	3.7
Age						
< 20 years	2.6	2.5	1.4	0.8	1.4	2.5
20-24 years	2.5	5.8	3.9	2.6	2.7	3.4
25-34 years	2.5	3.5	3.7	3.4	4.1	3.3
35+ years	7.0	10.2	6.5	5.0	5.7	8.9
Income						
<$10,000	3.1	4.4	2.8	2.7	2.5	5.1
$10,000-$14,999	1.5	3.1	2.2	2.6	1.0	1.8
$15,000-$19,999	3.8	13.9	4.2	7.3	1.8	0.4
$20,000-$24,999	0.2	2.5	0.6	0.2	3.6	2.2
$25,000-$34,999	7.0	8.5	8.4	1.2	1.7	2.6
$35,000-$49,000	1.6	1.8	2.9	3.4	3.2	4.1
≥ $50,000	2.5	3.5	5.3	3.4	6.4	5.1
Source: PRAMS						

Pregnant women receiving Medicaid for prenatal care and/or delivery had a lower rate of drinking alcohol during the last three months of pregnancy than pregnant women who didn't receive Medicaid for prenatal care and/or delivery from 2007-2010. Also, pregnant women receiving Medicaid for prenatal care and/or delivery had a lower rate of drinking alcohol three months before pregnancy than pregnant women who didn't receive Medicaid for prenatal care and/or delivery from 2009-2010 (PRAMS).

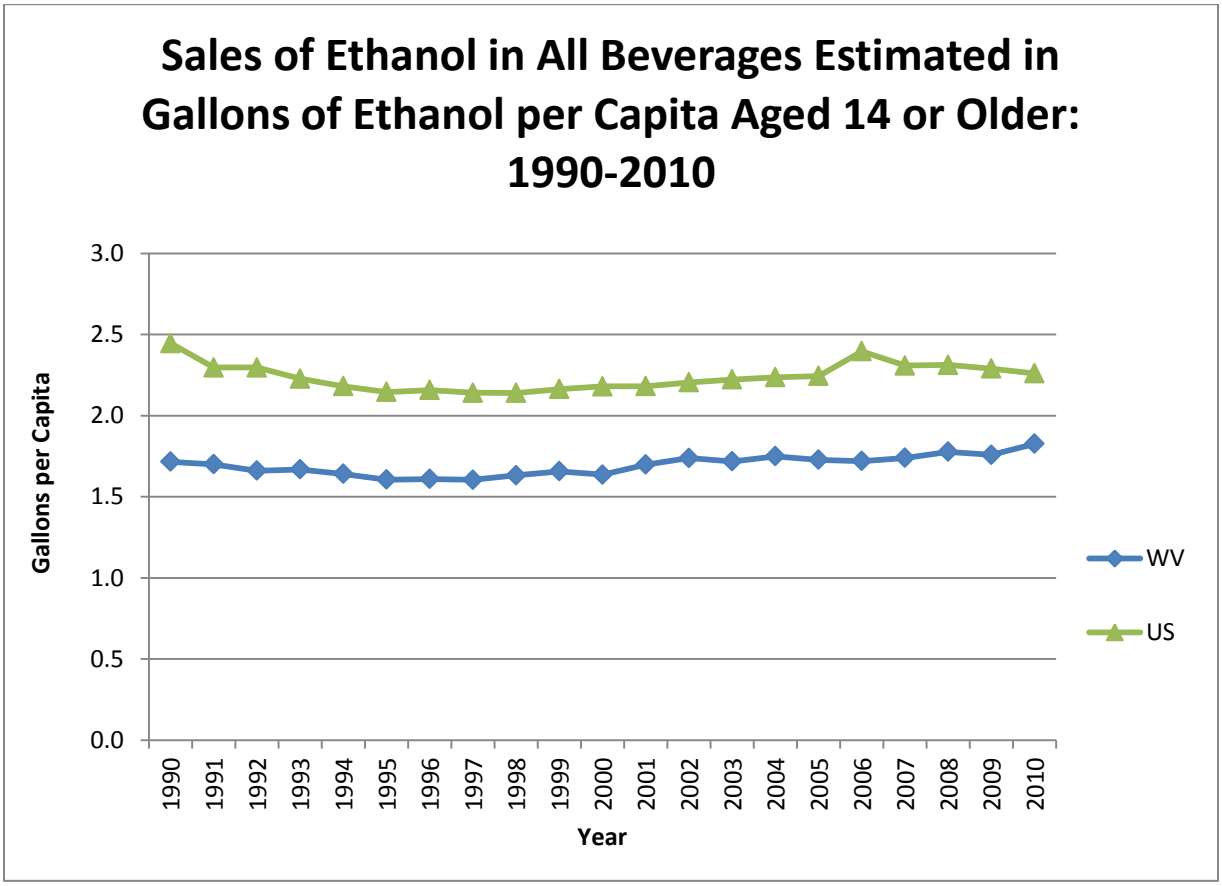
Percentage of Drinking Last 3 Months of Pregnancy Among Women by Medicaid for Prenatal Care and/or Delivery Payment in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Medicaid	2.8	5.2	2.9	2.7	2.4	3.4
Non-Medicaid	3.2	3.9	4.9	3.4	4.8	4.3
Percentage of Drinking 3 Months Before Pregnancy Among Women by Medicaid for Prenatal Care and/or Delivery Payment in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Medicaid	41.9	42.1	42.4	45	35.9	43.1
Non-Medicaid	47.3	44.9	50.7	38.6	45.7	46.7
Source: PRAMS						

Apparent Per Capita Ethanol Consumption

Indicator Description: This indicator summarizes the average per capita ethanol consumption by West Virginians and nationally. The type of alcohol consumption is also available: beer, wine, and spirits (liquor).

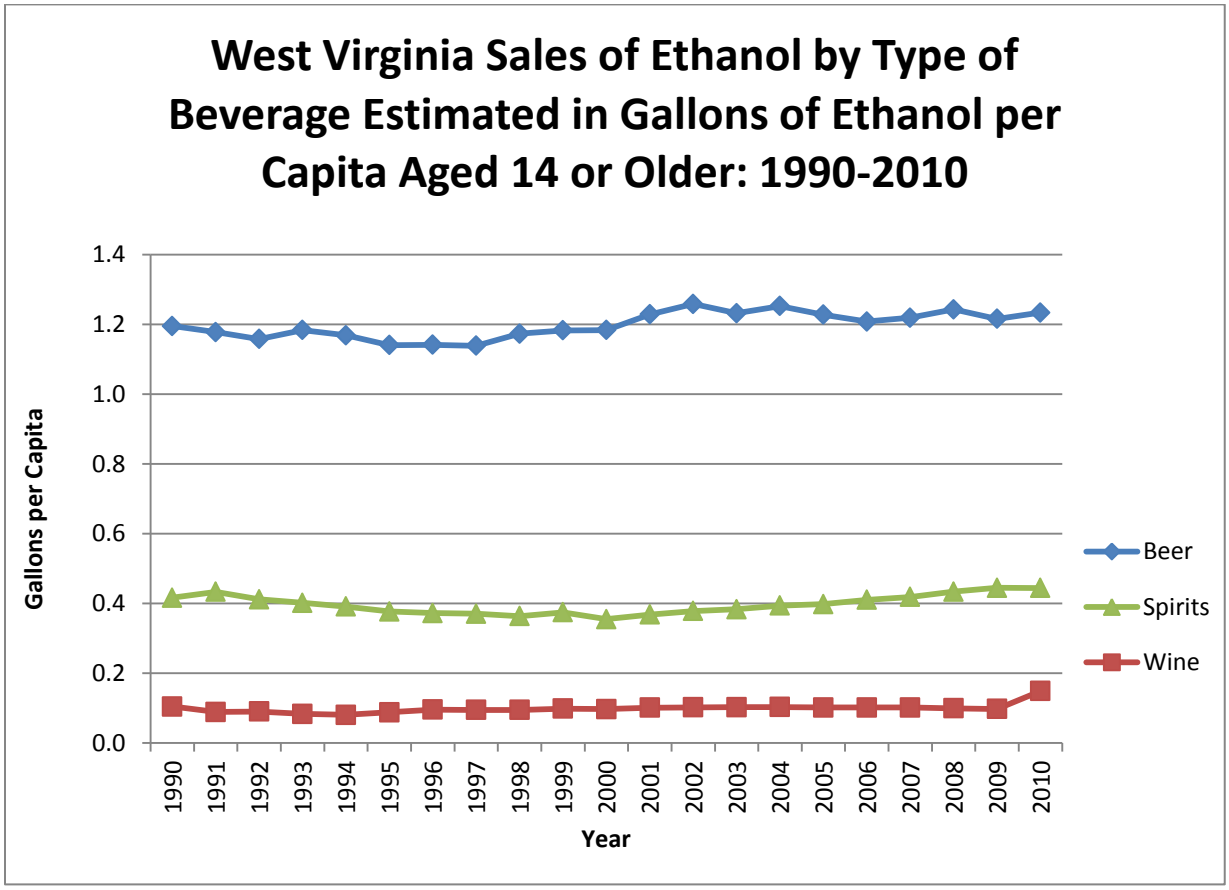
Why Indicator is Important: This indicator is valuable because it depicts the actual consumption of alcohol which can be compared nationally or to other states.

West Virginia sales of ethanol in all beverages estimated in gallons has been lower than the US from 1990-2010. West Virginia had a higher per capita of sales of beer for people 14 and older from 2002 to 2010, however a lower rate for wine and spirits (AEDS).



Sales of Ethanol in All Beverages Estimated in Gallons of Ethanol per 10,000 Population Aged 14 or Older: 1990-2009											
Year	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
West Virginia	1.7	1.7	1.7	1.7	1.6	1.6	1.6	1.6	1.6	1.7	1.6
United States	2.4	2.3	2.3	2.2	2.2	2.1	2.2	2.1	2.1	2.2	2.2
Year	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	
West Virginia	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.8	1.8	1.8	
United States	2.2	2.2	2.2	2.2	2.2	2.4	2.3	2.3	2.3	2.3	

Source: Alcohol Epidemiologic Data System (AEDS), sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).



Sales of Ethanol by Type of Beverage Estimated in Gallons of Ethanol per Capita Aged 14 or Older: 1990-2009

West Virginia	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Beer	1.20	1.18	1.16	1.18	1.17	1.14	1.14	1.14	1.17	1.18	1.18
Spirits	0.42	0.43	0.41	0.40	0.39	0.38	0.37	0.37	0.36	0.37	0.35
Wine	0.10	0.09	0.09	0.08	0.08	0.09	0.10	0.10	0.10	0.10	0.10
United States	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Beer	1.34	1.29	1.29	1.26	1.25	1.23	1.23	1.22	1.22	1.23	1.22
Spirits	0.77	0.71	0.71	0.68	0.65	0.63	0.63	0.62	0.62	0.63	0.65
Wine	0.33	0.30	0.30	0.28	0.28	0.29	0.30	0.30	0.30	0.31	0.31
West Virginia	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	
Beer	1.23	1.26	1.23	1.25	1.23	1.21	1.22	1.24	1.22	1.23	
Spirits	0.37	0.38	0.38	0.39	0.40	0.41	0.42	0.43	0.44	0.44	
Wine	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.15	
United States	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	
Beer	1.23	1.23	1.21	1.21	1.19	1.15	1.20	1.20	1.17	1.13	
Spirits	0.64	0.65	0.67	0.68	0.70	0.76	0.73	0.73	0.74	0.74	
Wine	0.31	0.33	0.34	0.35	0.36	0.50	0.38	0.38	0.38	0.39	

Source: Alcohol Epidemiologic Data System (AEDS), sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

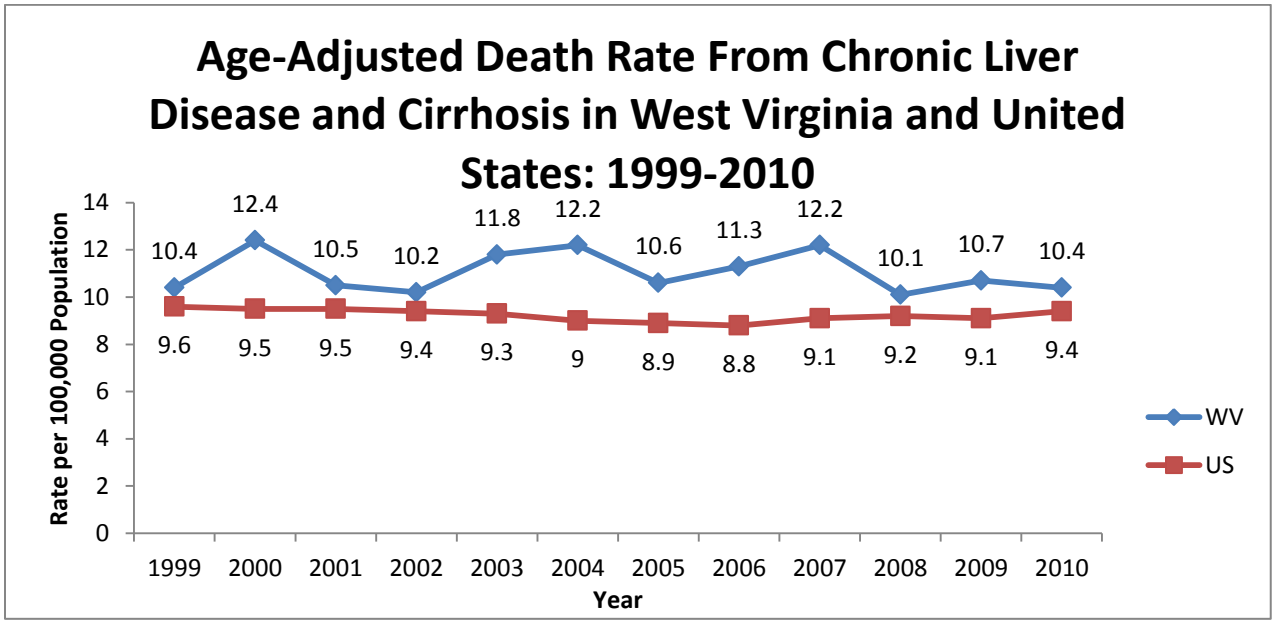
Alcohol Consequences

Alcohol-Attributable Deaths

Indicator Description: According to the CDC there are multiple adverse health consequences, including cirrhosis of the liver, various cancers, unintentional injuries, and violence that are associated with alcohol-attributable deaths. This indicator includes death rates for alcohol related conditions such as chronic liver disease and cirrhosis, alcohol-induced causes, and average alcohol-attributable deaths from chronic and acute causes.

Why Indicator is Important: The CDC reports that excessive alcohol consumption is the third leading preventable causes of death in the United States. This indicator is important because it highlights some of the consequences to abusing alcohol and puts a value on the consequences of alcohol abuse. Alcohol abuse can have negative impacts that affect the quality and length of one's life. It is important to track these consequences to measure the impact that alcohol abuse has on a state and to evaluate if prevention measures are effective at reducing the negative impacts.

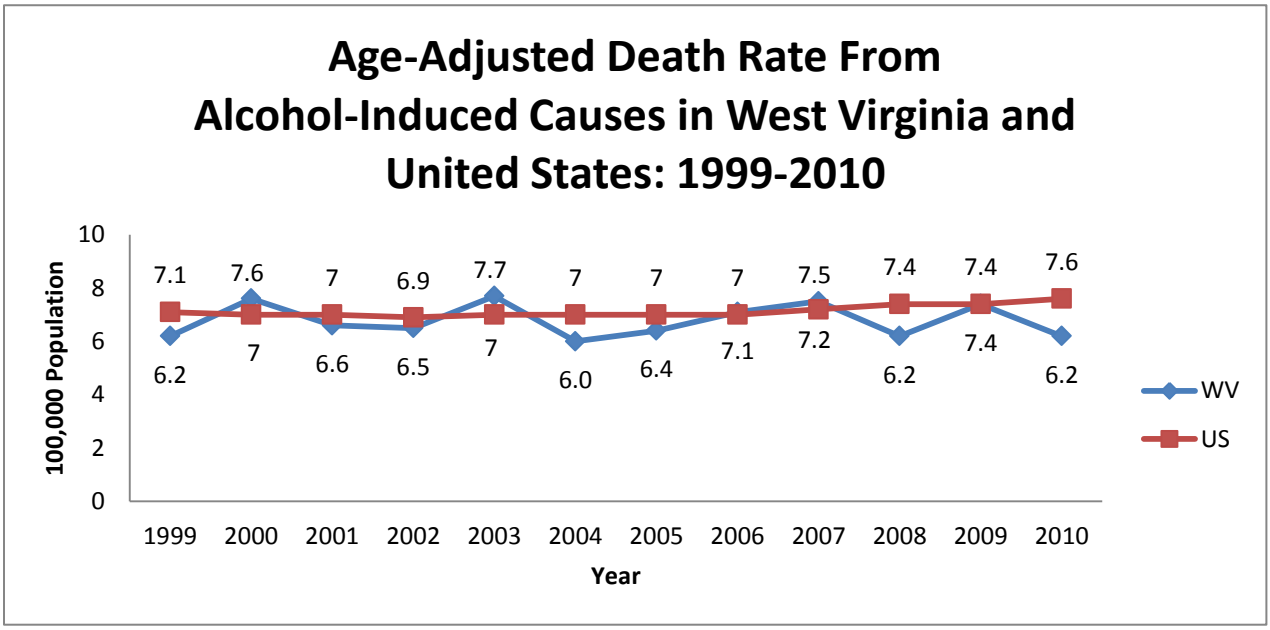
West Virginia has had a higher age-adjusted death rate for chronic liver disease and cirrhosis than the United States from 1999 to 2010. Males had a significantly higher age-adjusted death rate from chronic liver disease and cirrhosis than females in West Virginia for each year and for the combined years 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Chronic Liver Disease and Cirrhosis by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	6.0	15.1	10.4	6.1	13.5	9.6
2000	7.5	18.0	12.4	6.2	13.4	9.5
2001	7.3	14.0	10.5	6.3	13.2	9.5
2002	6.3	14.4	10.2	6.3	12.9	9.4
2003	6.6	17.5	11.8	6	13	9.3
2004	6.7	17.8	12.2	5.9	12.4	9
2005	6.2	15.3	10.6	5.8	12.4	8.9
2006	8.3	14.3	11.3	5.8	12.1	8.8
2007	7.4	17.0	12.2	5.9	12.7	9.1
2008	5.6	14.9	10.1	6	12.7	9.2
2009	6.9	14.9	10.7	6.1	12.5	9.1
2010	6.4	14.6	10.4	6.2	12.9	9.4
1999-2010	**6.7**	**15.4**	**11.1**	**6**	**12.8**	**9.3**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: K70, K73-K74

Males in West Virginia had a significantly higher age-adjusted death rate from alcohol induced causes than females for each year and combined years 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Alcohol-Induced Causes by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	1.8	10.9	6.2	3.2	11.5	7.1
2000	2.5	13.1	7.6	3.2	11.4	7
2001	2.3	11.4	6.6	3.3	11.2	7
2002	1.9	11.4	6.5	3.3	11	6.9
2003	2.2	13.6	7.7	3.3	11	7
2004	1.4	11.0	6.0	3.3	11	7
2005	1.9	11.1	6.4	3.4	11	7
2006	3.2	11.4	7.1	3.4	10.9	7
2007	2.6	12.7	7.5	3.5	11.3	7.2
2008	1.5	11.1	6.2	3.6	11.5	7.4
2009	3.6	11.3	7.4	3.8	11.3	7.4
2010	2.6	10.0	6.2	3.9	11.7	7.6
1999-2010	2.3	11.6	6.8	3.4	11.2	7.2

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on May 11, 2013 5:31:24 PM ICD-10 codes: F10.0-F10.9, G31.2, G62.1, G72.1, I42.6, K29.2, K70.0-K70.4, K70.9, K85.2, K86.0, R78.0, X45, X65, Y15

The Alcohol-Related Disease Impact (ARDI) application generates estimates of alcohol-attributable deaths (AAD) and years of potential life lost (YPLL) due to alcohol consumption. The health consequences of excessive alcohol use are estimated to help provide an improved understanding of this issue nationally and in states. The two highest average chronic causes for alcohol-attributable deaths due to excessive alcohol use for all ages in West Virginia are alcoholic liver disease (80) and liver cirrhosis unspecified (64), males account for the majority of those deaths. The two highest average acute causes for alcohol-attributable deaths due to excessive alcohol use for all ages in West Virginia are motor-vehicle traffic crashes (119) and suicide (62) again with men accounting for the majority of deaths (ARDI).

Average Alcohol-Attributable Deaths Due to Excessive Alcohol Use for All Ages, 2001-2005						
Harmful Effects	**West Virginia**			**United States**		
Chronic Causes	**Overall**	**Males**	**Females**	**Overall**	**Males**	**Females**
Acute pancreatitis	6	4	2	695	366	329
Alcohol abuse	21	18	3	2,382	1,868	514
Alcohol cardiomyopathy	2	2	0	448	389	59
Alcohol dependence syndrome	14	13	1	3,857	3,037	820
Alcohol-induced chronic pancreatitis	1	1	0	311	248	63
Alcoholic gastritis	0	0	0	21	17	4
Alcoholic liver disease	80	67	13	12,219	8,938	3,281
Alcoholic psychosis	2	2	0	751	568	183
Breast cancer (females only)	2	0	2	417	0	417
Chronic hepatitis	< 1	0	< 1	4	2	2
Chronic pancreatitis	0	0	0	229	118	112
Degeneration of nervous system due to alcohol	0	0	0	91	77	14
Epilepsy	< 1	< 1	< 1	191	102	88
Esophageal cancer	3	3	< 1	525	466	59
Esophageal varices	0	0	0	74	53	20
Gastroesophageal hemorrhage	0	0	0	29	16	13
Hypertension	7	4	3	1,544	836	708
Ischemic heart disease	6	5	1	983	682	300
Laryngeal cancer	2	2	< 1	267	231	35
Liver cancer	4	3	1	893	671	222
Liver cirrhosis unspecified	64	35	29	7,055	4,134	2,921
Low birth weight prematurity IUGR death*	1	< 1	< 1	184	122	62
Oropharyngeal cancer	2	2	< 1	406	345	61
Portal hypertension	0	0	0	40	26	14
Prostate cancer (males only)	1	1	0	241	241	0
Stroke hemorrhagic	10	9	2	1,847	1,520	327
Stroke ischemic	4	3	1	715	519	196
Superventricular cardiac dysrthymia	1	1	1	219	96	123
Subtotal	**235**	**175**	**60**	**36,643**	**25,693**	**10,950**

Harmful Effects Acute Causes	West Virginia Overall	 Males	 Females	United States Overall	 Males	 Females
Air-space transport	< 1	< 1	0	125	104	21
Alcohol poisoning	0	0	0	370	292	78
Aspiration	1	< 1	1	204	109	95
Child maltreatment	1	< 1	< 1	168	96	72
Drowning	5	5	0	868	716	152
Fall injuries	41	21	20	5,532	2,888	2,644
Fire injuries	10	7	3	1,158	692	466
Firearm injuries	2	2	0	123	108	15
Homicide	38	25	12	7,787	6,174	1,613
Hypothermia	1	1	< 1	269	182	87
Motor-vehicle nontraffic crashes	4	3	1	183	147	36
Motor-vehicle traffic crashes	119	91	28	13,819	10,802	3,016
Occupational and machine injuries	2	2	0	138	130	7
Other road vehicle crashes	1	1	< 1	210	165	45
Poisoning (not alcohol)	56	39	17	5,416	3,669	1,747
Suicide	62	52	9	7,235	5,778	1,457
Suicide by and exposure to alcohol	0	0	0	31	22	9
Water transport	< 1	< 1	0	98	87	11
Subtotal	**342**	**251**	**91**	**43,731**	**32,159**	**11,572**
Total for All Causes (Chronic & Acute Causes)	**576**	**425**	**151**	**80,374**	**57,852**	**22,522**

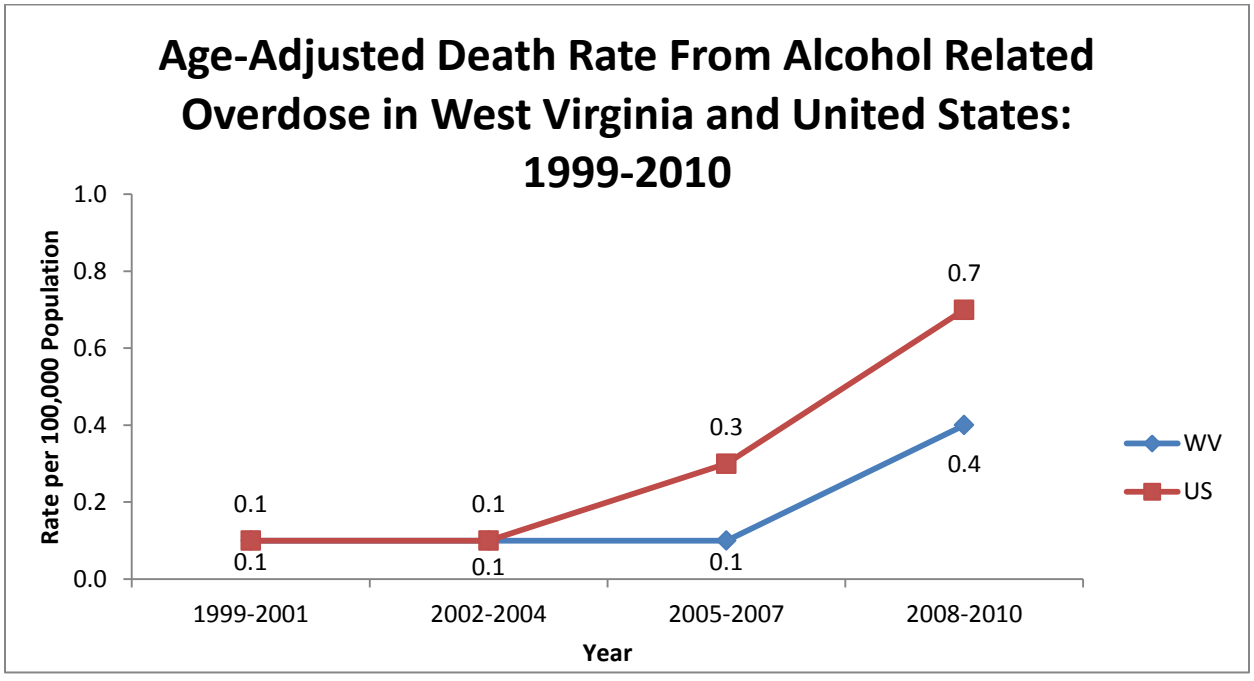
Source: Alcohol-Related Disease Impact (ARDI) software, Centers for Disease Control and Prevention
http://apps.nccd.cdc.gov/DACH_ARDI/Default/Default.aspx
Note: Subtotal and total numbers may not sum to total due to rounding.

Alcohol Overdoses

Indicator Description: This indicator examines alcohol overdoses caused by drinking too much alcohol.

Why Indicator is Important: Drinking too much alcohol can lead to an overdose. This can occur when the person has a blood alcohol content (or BAC) sufficient to produce impairments that increase the risk of harm. According the National Institute of Alcohol Abuse and Alcoholism, the severity of overdoses can range from problems with balance and slurred speech to coma or even death. Alcohol poisoning takes place when there is so much alcohol in the bloodstream that areas of the brain controlling basic life support functions (breathing, heart rate, and temperature control) begin to stop functioning. Alcohol poisoning symptoms include: confusion, difficulty remaining conscious, vomiting, seizures, trouble with breathing, slow heart rate, clammy skin, dulled responses, such as no gag reflex (which prevents choking), and extremely low body temperature. This indicator is important because it tracks the consequences of alcohol abuse in the state and can assist prevention efforts.

The age-adjusted death rate for alcohol induced overdose for West Virginia significantly increased in 2008-2010 for the total population, males and females. Males have had a significantly higher rate of death from alcohol related deaths than females for each year and combined years 1999-2010 (VSS).



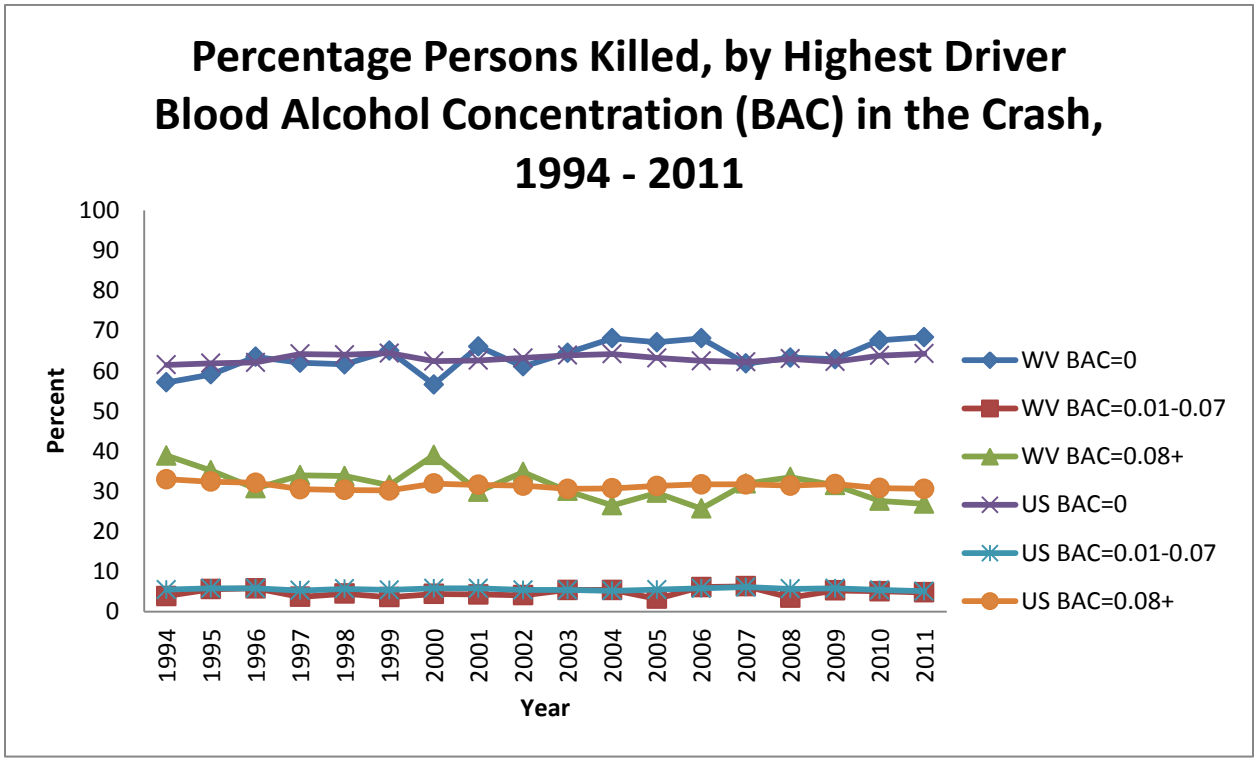
Age-Adjusted Death Rate per 100,000 Population From Alcohol Related Overdose by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999-2001	0.0	0.1	0.1	0.1	0.2	0.1
2002-2004	0.0	0.2	0.1	0.1	0.2	0.1
2005-2007	0.0	0.1	0.1	0.1	0.4	0.3
2008-2010	0.1	0.6	0.4	0.3	1.1	0.7
1999-2010	0.1	0.3	0.2	0.2	0.5	0.3

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 Codes: X45, X65, Y15

Motor Vehicle Crashes

Indicator Description: Motor vehicle accidents involving drivers with a BAC of 0.08+.
Why Indicator is Important: Those who drink and drive are a danger to everyone due to alcohol impairing their driving abilities, such as blurred vision, slow reaction times, and impaired memory. This indicator is important because it puts a value on the consequences of alcohol abuse. Alcohol abuse can have negative impacts that affect all facets of one's life from their health to criminal charges. It is important to track these consequences to measure the impact that alcohol abuse has on a state and to evaluate if prevention measures are effective at reducing the negative impacts.

In 2011, 26.9% of persons killed in crashes in West Virginia were by drivers with a blood alcohol concentration (BAC) of 0.08 or higher, which was lower than the national rate of 30.6% (FARS).

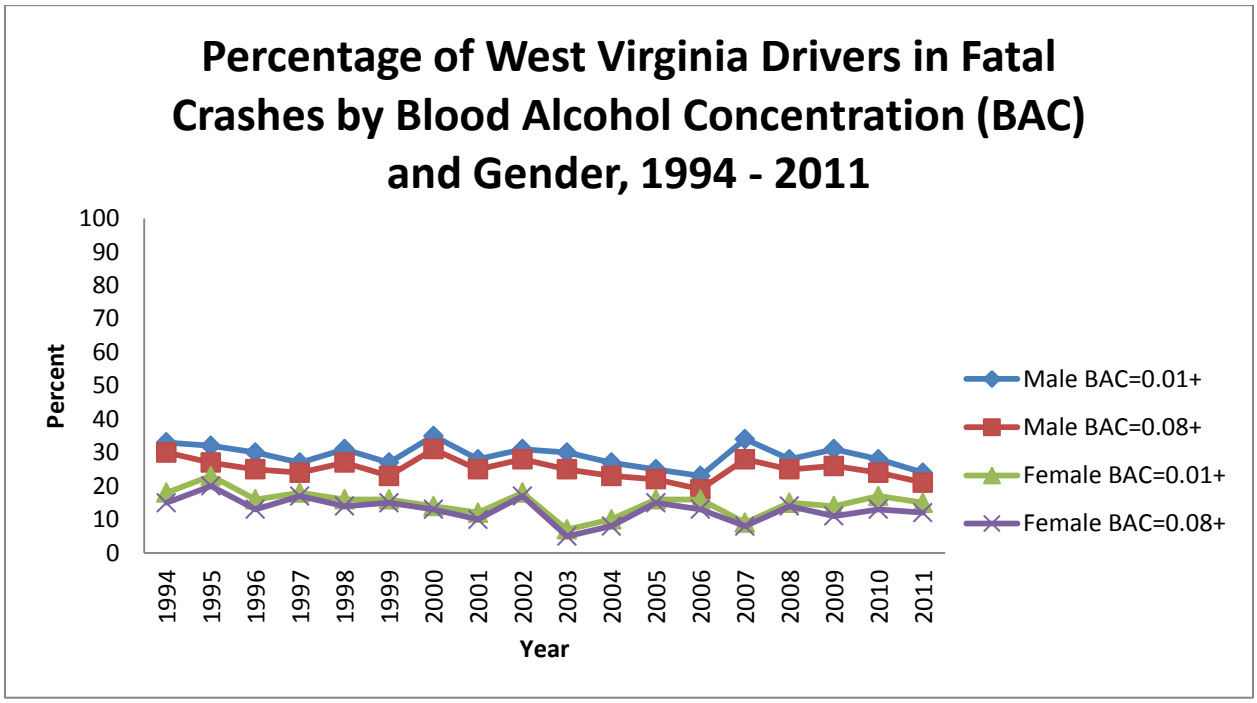


Persons Killed, by Highest Driver Blood Alcohol Concentration (BAC) in the Crash, 1994 - 2011 in WV									
	BAC = 0.00		BAC = 0.01-0.07		BAC = 0.08+		BAC = 0.01+		Total
Year	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
1994	204	57.1	14	3.9	139	38.9	153	42.9	356
1995	220	59.1	21	5.6	131	35.2	152	40.9	376
1996	219	63.5	20	5.8	106	30.7	126	36.5	348
1997	235	62.0	14	3.7	129	34.0	144	38.0	381
1998	217	61.6	16	4.5	119	33.8	135	38.4	354
1999	256	65.0	14	3.6	124	31.5	138	35.0	395
2000	231	56.6	18	4.4	159	39.0	177	43.4	411
2001	248	66.1	16	4.3	112	29.9	127	33.9	376
2002	267	61.1	18	4.1	152	34.8	170	38.9	439
2003	253	64.5	21	5.4	118	30.1	139	35.5	394
2004	277	68.1	22	5.4	108	26.5	130	31.9	410
2005	249	67.1	12	3.2	110	29.6	122	32.9	374
2006	278	68.1	25	6.1	105	25.7	130	31.9	410
2007	267	61.8	27	6.3	138	31.9	165	38.2	432
2008	238	63.3	13	3.5	126	33.5	138	36.7	378
2009	224	62.9	19	5.3	112	31.5	132	37.1	357
2010	213	67.6	16	5.1	87	27.6	102	32.4	315
2011	229	68.4	16	4.8	90	26.9	106	31.6	337
Persons Killed, by Highest Driver Blood Alcohol Concentration (BAC) in the Crash, 1994 - 2011 in US									
	BAC = 0.00		BAC = 0.01-0.07		BAC = 0.08+		BAC = 0.01+		Total
Year	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number
1994	24948	61.5	2236	5.5	13390	33.0	15626	38.5	40716
1995	25768	61.9	2416	5.8	13478	32.4	15893	38.1	41817
1996	26052	62.1	2415	5.8	13451	32.1	15866	37.9	42065
1997	26902	64.2	2216	5.3	12757	30.5	14973	35.8	42013
1998	26477	64.0	2353	5.7	12546	30.3	14899	36.0	41501
1999	26798	64.4	2235	5.4	12555	30.2	14790	35.6	41717
2000	26082	62.4	2422	5.8	13324	31.9	15746	37.6	41945
2001	26334	62.6	2441	5.8	13290	31.6	15731	37.4	42196
2002	27080	63.2	2321	5.4	13472	31.4	15793	36.8	43005
2003	27328	63.9	2327	5.4	13096	30.6	15423	36.1	42884
2004	27413	64.2	2212	5.2	13099	30.7	15311	35.8	42836
2005	27423	63.2	2404	5.5	13582	31.3	15985	36.8	43510
2006	26633	62.5	2479	5.8	13491	31.7	15970	37.5	42708
2007	25611	62.2	2494	6.1	13041	31.7	15534	37.8	41259
2008	23499	63.0	2115	5.7	11711	31.4	13826	37.0	37423
2009	21051	62.3	1972	5.8	10759	31.8	12731	37.7	33883
2010	21005	63.8	1771	5.4	10136	30.8	11906	36.2	32999
2011	20752	64.3	1633	5.1	9878	30.6	11510	35.7	32367

Source: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS), http://www-fars.nhtsa.dot.gov/Trends/TrendsAlcohol.aspx

Note: NHTSA estimates alcohol involvement when alcohol test results are unknown. Total Number - Total includes fatalities in crashes in which there was no driver or motorcycle rider present.

In West Virginia males had a higher rate of drivers in fatal crashes by BAC 0.08+ (21%) compared to females (12%). The gender rates were slightly lower than the national rates (males 24% and females 14%) (FARS).



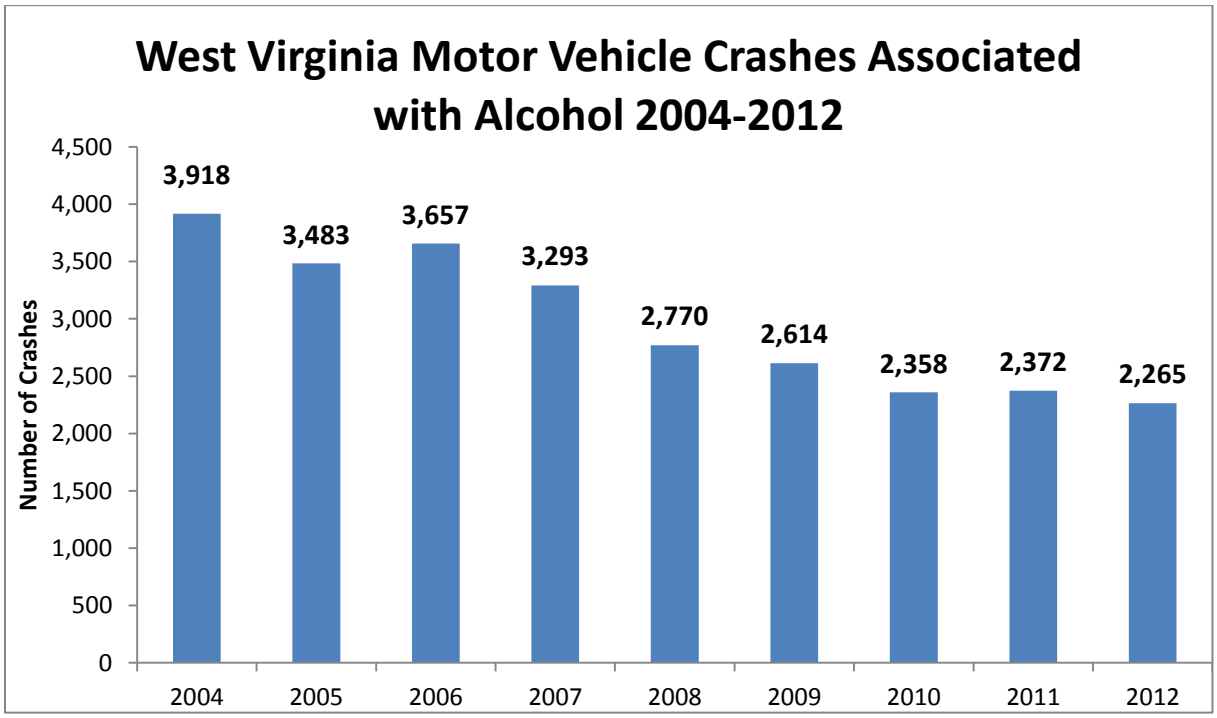
Drivers in Fatal Crashes by Blood Alcohol Concentration (BAC) and Sex in West Virginia, 1994 - 2011						
Year	Male			Female		
	Total Number	Percent		Total Number	Percent	
		BAC=0.01+	BAC=0.08+		BAC=0.01+	BAC=0.08+
1994	372	33	30	120	18	15
1995	386	32	27	101	23	20
1996	352	30	25	114	16	13
1997	380	27	24	146	18	17
1998	361	31	27	104	16	14
1999	390	27	23	122	16	15
2000	394	35	31	127	14	13
2001	379	28	25	126	12	10
2002	426	31	28	149	18	17
2003	405	30	25	137	7	5
2004	409	27	23	148	10	8
2005	380	25	22	115	16	15
2006	415	23	19	130	16	13
2007	404	34	28	140	9	8
2008	374	28	25	102	15	14
2009	350	31	26	100	14	11
2010	310	28	24	95	17	13
2011	340	24	21	119	15	12

Drivers in Fatal Crashes by Blood Alcohol Concentration (BAC) and Sex in United States, 1994 - 2011						
Year	Male			Female		
	Total Number	Percent		Total Number	Percent	
		BAC=0.01+	BAC=0.08+		BAC=0.01+	BAC=0.08+
1994	40,233	30	26	13,567	17	14
1995	41,235	30	25	14,184	16	13
1996	41,376	29	25	14,850	16	13
1997	40,954	28	24	14,954	15	12
1998	40,816	28	23	15,089	15	12
1999	41,012	28	23	14,835	14	12
2000	41,795	29	24	14,790	16	13
2001	41,901	29	24	14,919	15	13
2002	42,377	29	25	14,999	15	12
2003	42,586	28	24	15,211	14	12
2004	42,250	28	24	15,384	15	12
2005	43,282	28	24	15,059	16	13
2006	42,223	29	24	14,753	18	15
2007	41,053	29	24	14,184	16	13
2008	37,061	29	25	12,627	16	13
2009	32,882	30	25	11,864	16	13
2010	32,079	28	24	11,859	17	15
2011	31,809	28	24	11,209	16	14

Source: National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS)

Note: NHTSA estimates alcohol involvement when alcohol test results are unknown. Total Number - Total includes fatalities in crashes in which there was no driver or motorcycle rider present.

While the number of motor vehicle crashes associated with alcohol decreased in West Virginia from 3,918 in 2004 to 2,265 in 2012 (42.2% decrease), it still remains a serious problem (WVTAD).



Source: West Virginia Traffic Accident Database (WVTAD)

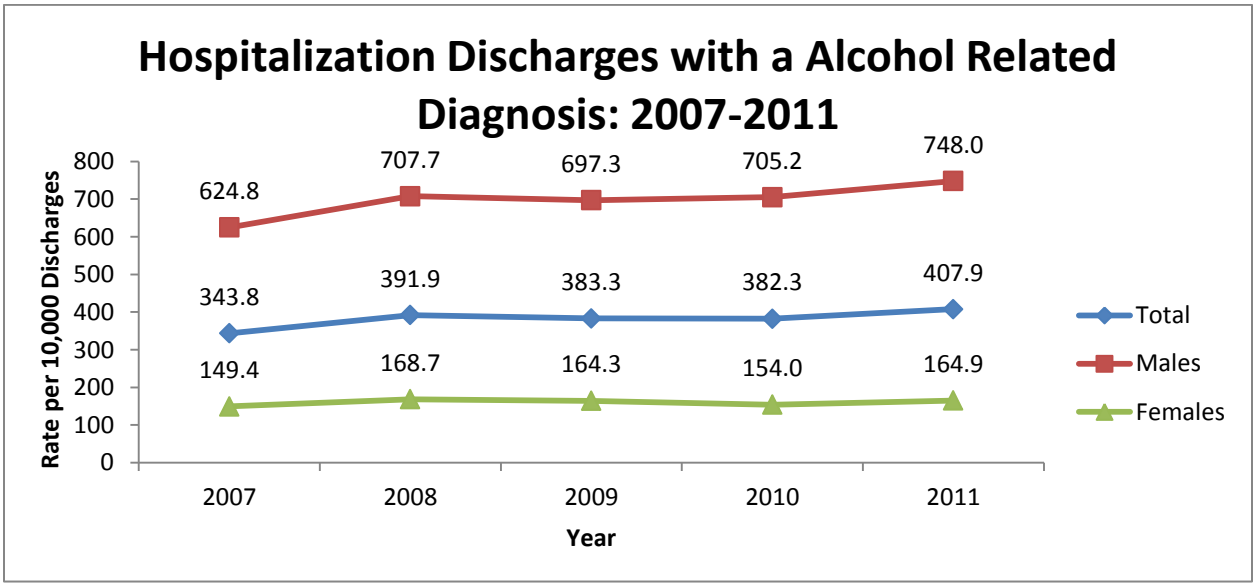
Note: In 2008 a new crash reporting system was implemented.

Alcohol Related Hospitalizations

Indicator Description: Hospitalizations associated with alcohol related diagnoses.

Why Indicator is Important: This indicator examines the hospital discharges in West Virginia with a diagnosis of alcohol abuse or dependence. It puts a value on the consequences of alcohol abuse. It is important to track these consequences to measure the impact that alcohol abuse has on a state and to evaluate if prevention measures are effective at reducing the negative impacts. Acute alcohol intoxication, also known as drunkenness or inebriation, is the result of consuming excessive amounts of alcohol. Alcohol dependence, often referred to as alcoholism, is when there are signs of physical addiction to alcohol and the person continues to drink, despite problems with physical health, mental health, and social, family, or job responsibilities.

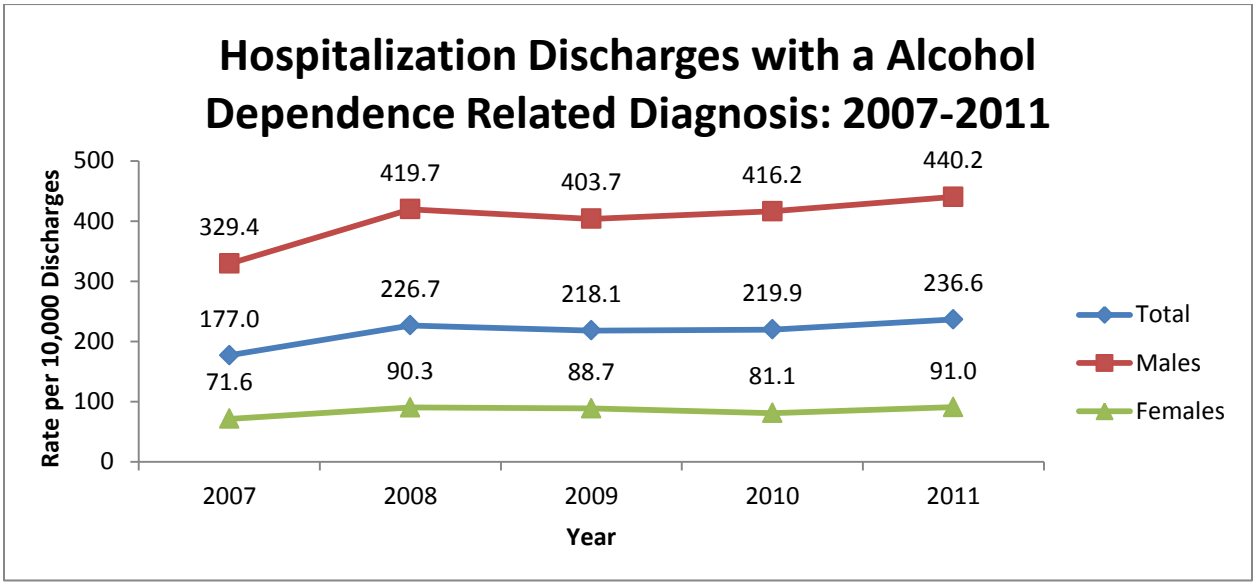
Hospitalizations for an alcohol related diagnosis in 2011 increased from 343.8 rate per 10,000 discharges in 2007 to 407.9 rate per 10,000 discharges in 2011. Males accounted for 76.4% of all of the alcohol related diagnosis discharges in West Virginia in 2011 (UB).



Hospitalization Discharges with a Alcohol Related Diagnosis: 2007-2011					
	2007	**2008**	**2009**	**2010**	**2011**
Total Number of Alcohol Related Discharges	8,841	10,203	9,859	9,789	10,559
Total Number of Discharges	257,180	260,367	257,217	256,074	258,834
Total Rate per 10,000 Discharges	343.8	391.9	383.3	382.3	407.9
Total # of Alcohol Related Discharges for Males	6,570	7,631	7,370	7,480	8,067
Total Number of Discharges for Males	105,152	107,834	105,699	106,073	107,842
Rate per 10,000 Discharges for Males	624.8	707.7	697.3	705.2	748.0
Total # of Alcohol Related Discharges for Females	2,271	2,572	2,489	2,309	2,489
Total Number of Discharges for Females	152,002	152,489	151,490	149,969	150,948
Rate per 10,000 Discharges for Females	149.4	168.7	164.3	154.0	164.9

Source: West Virginia Health Care Authority, Uniform Billing Database (UB)
Notes: ICD-9-CM all-listed diagnosis codes: 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 760.71, 790.3, 980.0, E860.0, E860.1. Statistics are based on hospitals that meet the definition of "community hospital" -- nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers. Excluded facilities are: are federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities. Some years of data have missing gender. Only West Virginia residences were included.

Hospitalization discharges with alcohol dependence relate diagnosis increased from 177.0 rate per 10,000 discharges in 2007 to 236.6 rate per 10,000 discharges in 2011. Males account for 77.5% of all of the alcohol related diagnosis discharges in West Virginia in 2011 (UB).



Hospitalization Discharges with a Alcohol Dependence Related Diagnosis: 2007-2011					
	2007	**2008**	**2009**	**2010**	**2011**
Total Number of Alcohol Related Discharges	4,552	5,903	5,610	5,631	6,123
Total Number of Discharges	257,180	260,367	257,217	256,074	258,834
Total Rate per 10,000 Discharges	177.0	226.7	218.1	219.9	236.6
Total # of Alcohol Related Discharges for Males	3,464	4,526	4,267	4,415	4,747
Total Number of Discharges for Males	105,152	107,834	105,699	106,073	107,842
Rate per 10,000 Discharges for Males	329.4	419.7	403.7	416.2	440.2
Total # of Alcohol Related Discharges for Females	1,088	1,377	1,343	1,216	1,373
Total Number of Discharges for Females	152,002	152,489	151,490	149,969	150,948
Rate per 10,000 Discharges for Females	71.6	90.3	88.7	81.1	91.0

Source: West Virginia Health Care Authority, Uniform Billing Database (UB)
Notes: ICD-9-CM all-listed diagnosis codes: 303.00, 303.01, 303.02, 303.03, 303.90, 303.91, 303.92, 303.93. Statistics are based on hospitals that meet the definition of "community hospital" -- nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers. Excluded facilities are: are federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities. Some years of data have missing gender. Only West Virginia residences were included.

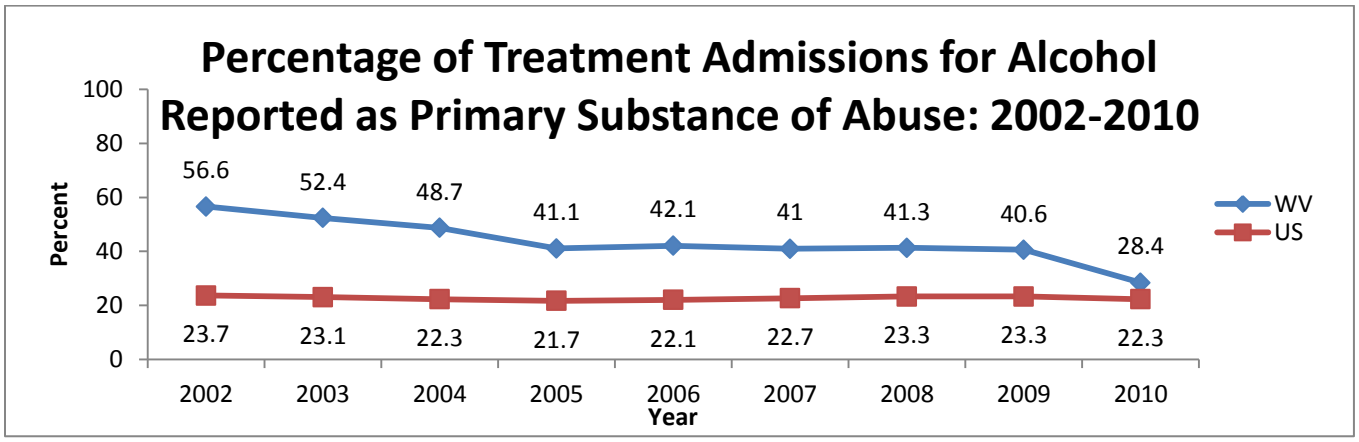
Treatment

Indicator Description: This section describes the number of admissions to state funded facilities for the treatment of alcohol abuse and dependence as a primary substance of abuse and alcohol with a secondary drug as primary substance of abuse.

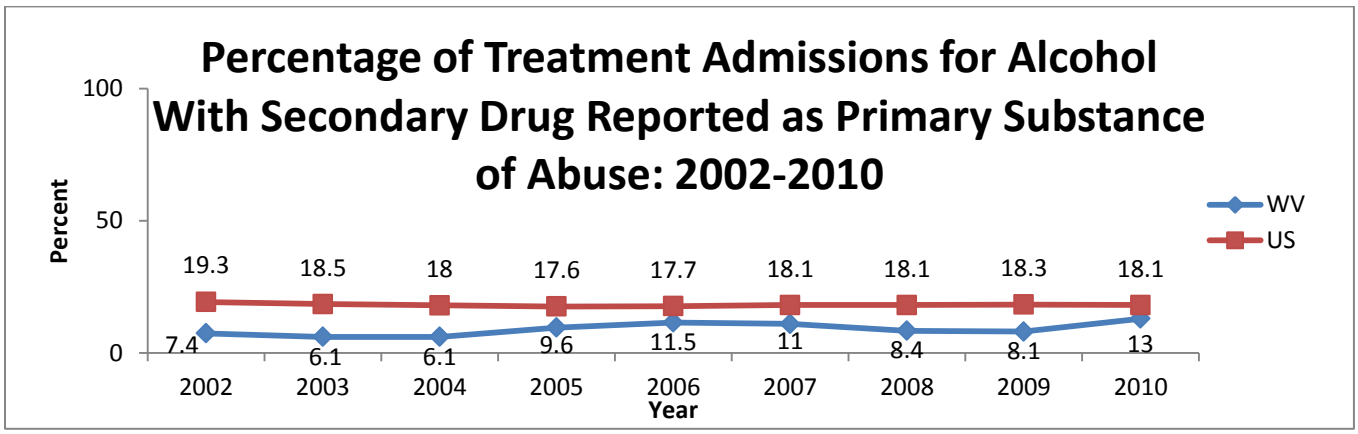
Why Indicator is Important: This indicator is important because it illustrates the proportion of admissions to substance abuse treatment facilities for alcohol treatment, which constitute a burden on public funds. In addition, this data allows providers to focus efforts to address the needs of the people in treatment by their primary substance of abuse or misuse.

The Treatment Episode Data Set (TEDS) annually records 1.8 million admissions to treatment facilities for abuse of alcohol and drugs that are reported to state administrative data systems. The percentage of treatment admissions for alcohol as their primary substance abuse in West Virginia has been nearly double the percent of the United States from 2002-2009 (see Appendix A). However, in 2010 the percentage in West Virginia decreased by 12.2%, narrowing the gap from the national percentage (WV 28.4%, US 22.3%). Alcohol abuse in 2010 accounted for 28.4% of admissions for primary substance abuse and was the second highest reported primary substance abuse among treatment admissions. There was an increase of admission of individuals with alcohol as their primary substance aged 21-35 and a decrease among individuals aged 36 and older from 2002 to 2010. Males have had a much higher percentage of treatment admission for alcohol abuse compared to females from 2002 to 2010, (for example, males 74.1% compared to 25.9% for females in West Virginia in 2010).

The percentage of treatment admissions for alcohol with a secondary drug as their primary substance of abuse in West Virginia has remained relatively low, and has remained lower than the national percentage (2002-2010). Males have consistently had a higher percentage of treatment admissions for alcohol abuse with secondary drug (2002-2010). In 2010 males had a 2.5 times higher percentage than females (see Appendix A) (TEDS).



Source: TEDS


Percentage of Treatment Admissions for Alcohol With Secondary Drug Reported as Primary Substance of Abuse: 2002-2010
Percent
100
50
0
19.3
18.5
18
17.6
17.7
18.1
18.1
18.3
18.1
7.4
6.1
6.1
9.6
11.5
11
8.4
8.1
13
2002
2003
2004
2005
2006
2007
2008
2009
2010
Year
WV
US

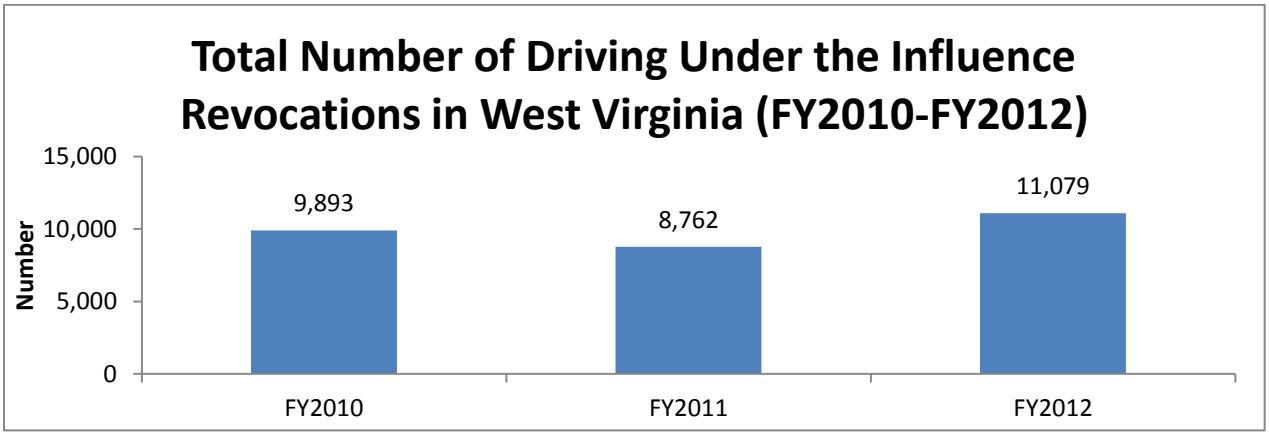
Source: TEDS

Crime

Indicator Description: This indicator includes Driving Under the Influence (DUI) revocations and alcohol related crimes.

Why Indicator is Important: Approximately 40 percent of violent crimes in the United States have been linked to alcohol abuse, according to the U.S. Department of Justice on Alcohol and Crime. DUI of alcohol is the more commonly associated crime associated with alcohol consumption. DUI is a criminal offense which is the act of driving a motor vehicle with blood levels of alcohol in excess of 0.08% in West Virginia. It can have serious consequences, including a prison sentence. This indicator is important as it puts a value on the consequences of alcohol abuse. It is important to track these consequences to measure the impact that alcohol abuse has on a state and to evaluate if prevention measures are effective at reducing the negative impacts.

The West Virginia Department of Motor Vehicles (WVDMV) reported that there were 11,079 driving under the influence revocations in West Virginia in the 2012 fiscal year.



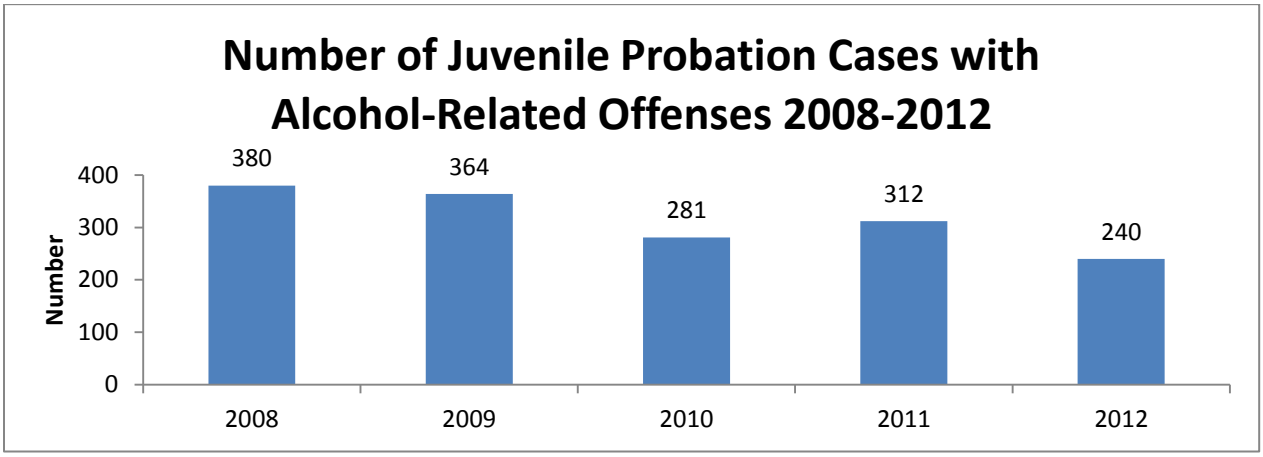
Driving Under the Influence Revocations in West Virginia (FY2010-FY2012)			
	FY2010	**FY2011**	**FY2012**
Total DUI Revocations	9,893	8,762	11,079
Repeat offenders (those with 2 offenses)	769	1,328	1,905
Repeat offenders (those with 3 or more offenses)	308	495	564
WV drivers arrested & convicted in other states	440	305	333
Refusals	1,339	1,324	1,656
Under age of 21 (BAC .02 and less than .08)	84	103	129
DUI driver had children under age of 16 in vehicle	158	169	219
Bodily injury of someone other than the offender	152	140	173
Involved death of someone other than the offender	18	8	27
Use of drugs	848	941	1,368
drugs/controlled substance	-	-	912
drugs/controlled substance combined with alcohol	-	-	456

Source: WV Department of Motor Vehicle (WVDMV)

Notes: All DUI offenses must be reported to the DMV within 48 hours of the incidence. Fiscal Year is from July 1st to June 30th. Subcategories for use of drugs only became available for FY2012.

Driving Under the Influence Revocations of Commercial Driver's License (CDL) Holders in West Virginia (FY2010-FY2012)			
	FY2010	**FY2011**	**FY2012**
Total DUI Revocations for commercial driver's license (CDL) holders	431	448	436
Offender driving commercial vehicle at time of offense	15	9	12
Use of drugs	17	23	40
Source: WV Department of Motor Vehicle (WVDMV)			
Notes: All DUI offenses must be reported to the DMV within 48 hours of the incidence. Fiscal Year is from July 1st to June 30th.			

The number of juvenile probation cases with alcohol-related offenses decreased between the years 2008 to 2012, from 380 to 240, which is a 36.8% decrease (WVJJDB).



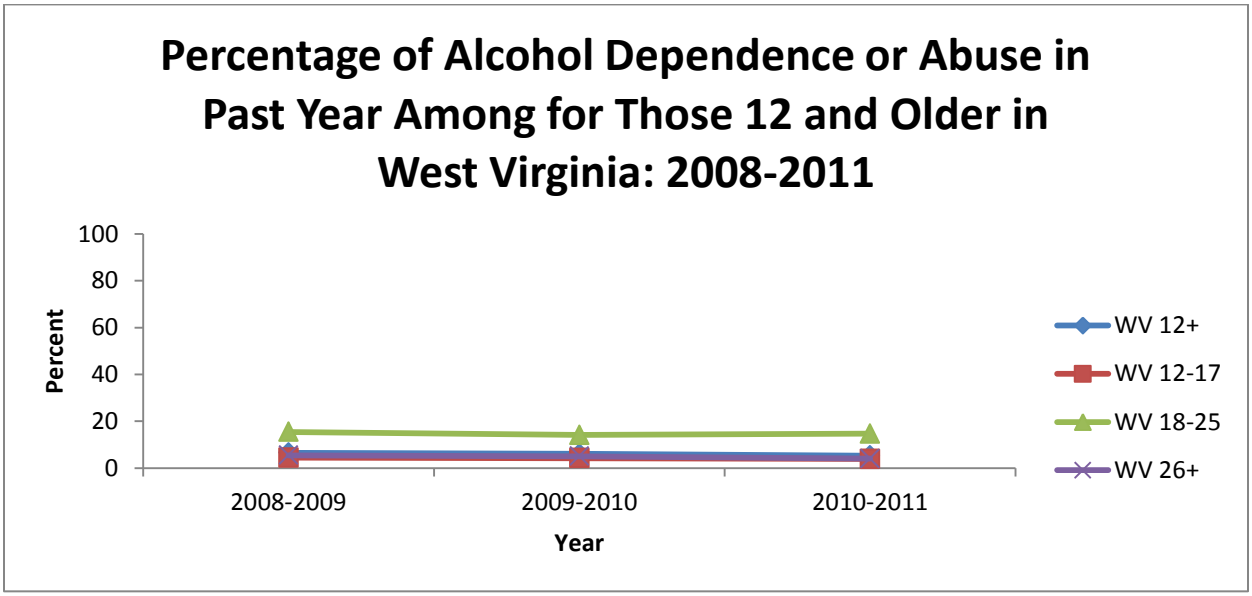
Number of Juvenile Probation Cases with Alcohol-Related Offenses 2008-2012					
Offense Group	**2008**	**2009**	**2010**	**2011**	**2012**
Alcohol: Underage Consumption/Possession	221	142	117	120	87
Beer: Underage Consumption/Possession	51	73	45	73	65
DUI - First Offense	23	29	18	21	13
DUI - Second Offense	0	1	0	0	1
DUI - Under 21 with Measurable Alcohol	9	5	8	10	6
DUI - w/ children under 16 in vehicle	1	3	4	3	4
DUI with Death - Misdemeanor	0	0	0	0	1
DUI with Death - Reckless Disregard - Felony	0	1	0	0	0
DUI with Injury - Misdemeanor	3	1	4	4	5
Give alcohol to person under 21	0	6	2	1	0
Habitual User Driving Vehicle	0	0	1	1	0
Intoxication or drinking in public places; illegal	12	30	22	21	11
Providing alcohol to underage person not related	0	1	1	1	0
Purchase alcohol while under 21	33	35	40	54	38
Sell or deliver wine unlawfully purchased	4	3	0	0	0
Time restrictions on sale of non-intoxicating beer*	9	27	8	2	2
Underage Furnishing Beer	0	1	0	0	1
Underage person purchasing beer or wine	14	6	11	1	6
Total Alcohol-Related Offenses	**380**	**364**	**281**	**312**	**240**
Source: West Virginia Juvenile Justice Database (WVJJDB)					
*"Non-intoxicating beer" is defined as cereal malt beverages or products (such as beer, lager beer, ale) containing one half of one percent alcohol by volume but no more than nine and six tenths of alcohol by weight, or twelve percent by volume, whichever is greater.					

Dependence or Abuse

Indicator Description: According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) by the American Psychiatric Association (APA), substance dependence is defined as the continued use of the substance despite significant related problems. Alcohol dependence is indicated by evidence of tolerance or withdrawal symptoms, such as tremors, nausea, and anxiety, after the cessation of alcohol consumption. Substance abuse is defined as maladaptive pattern of use exhibited by repeated and significant adverse consequences related to the repeated use of substances. Some adverse consequences of alcohol abuse are the inability to fulfill social or interpersonal obligations, hazardous behavior like drunk driving, and legal problems like driving under the influence.

Why Indicator is Important: Alcohol abuse and dependence can create problems in one's life and those around them. Those who abuse alcohol aren't dependent on alcohol but still have a serious disorder which can cause them to not be able to fulfill responsibilities to family, work and school. This may also lead them to be in more dangerous situations, like drunk driving, legal or social problems and drinking related medical conditions.

Those aged 18-25 reported the highest percentage of alcohol dependence or abuse compared to those aged 12-17 and 26 and older between the years 2008 to 2012 in West Virginia and the United States. This was also true for reported alcohol dependence, those 18-24 reported a rate more than twice as high as other age groups (12-17 and 26 and older) (NSDUH).



Percentage of Alcohol Dependence or Abuse in Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	4.5	4.3	3.9	4.8	4.6	4.2
18-25	15.4	14.2	14.7	16.8	15.9	15.0
26 and older	5.5	5.0	4.0	6.2	6.1	5.7
12 and older	**6.5**	**6.1**	**5.3**	**7.4**	**7.3**	**6.8**
Percentage of Alcohol Dependence in Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	2.0	1.7	1.5	1.9	1.8	1.6
18-25	6.6	6.1	6.3	7.0	6.6	6.3
26 and older	3.0	2.9	2.2	3.2	3.1	2.8
12 and older	**3.4**	**3.2**	**2.6**	**3.5**	**3.4**	**3.1**

Source: NSDUH

Note: Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Among those needing but not receiving treatment for alcohol use in the past year the highest percentage was among those 18-25 years old (13.5%), which was more than three times as high as the other age groups (12-17 and 26 and older) (NSDUH).

Percentage of Those Needing But Not Receiving Treatment for Alcohol Use in the Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	4.3	4.2	3.8	4.6	4.4	4.0
18-25	14.3	13.2	13.5	16.1	15.3	14.5
26 and older	4.8	4.5	3.9	5.8	5.7	5.4
12 and older	**5.9**	**5.5**	**5.1**	**7.0**	**6.9**	**6.4**

Source: NSDUH

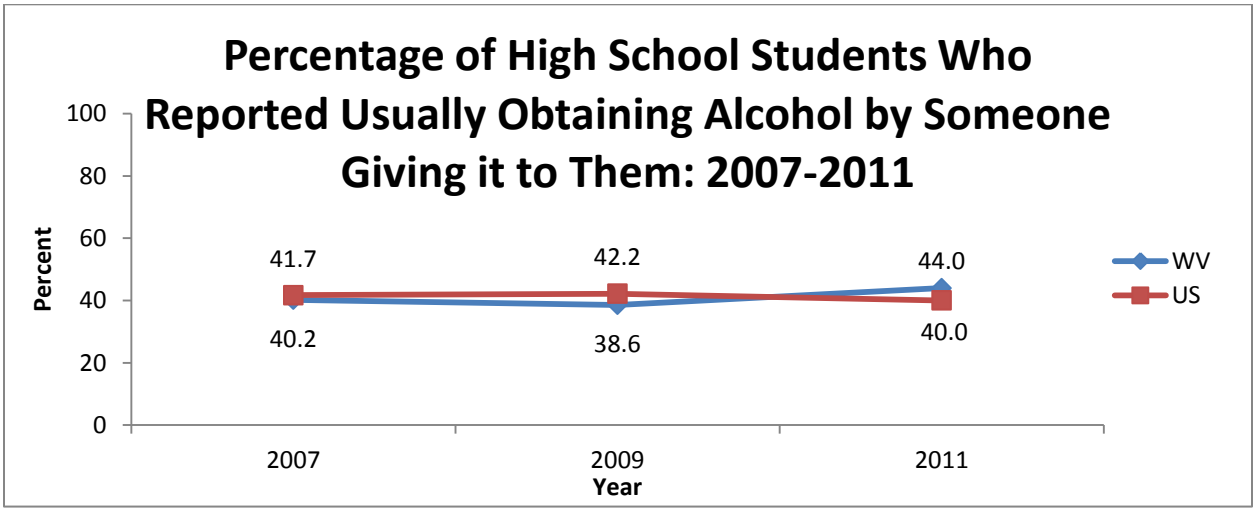
Note: Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but not receiving treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Alcohol Risk & Protective Factors

Access

Indicator Description: Access to alcohol by minors.
Why Indicator is Important: Greater access to alcohol in a community increases the community alcohol abuse risk factor. It is important to have a better understanding of how to limit risk factors while strengthening and increasing access to protective resources to reduce alcohol abuse and create healthier individuals and communities. Understanding access to alcohol for minors is an important piece in prevention interventions.

Female high school students in West Virginia were significantly more likely to obtain alcohol by someone giving it to them in 2007-2011. West Virginia high school students had a higher rate of obtaining alcohol from someone giving it to them compared to the national rate in 2011 (YRBS).



Percentage of High School Students Who Reported Usually Obtaining Alcohol by Someone Giving it to Them by Gender and Grade 2007-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2007	40.2	29.6	51.1	41.2	43.8	42.3	NA
2009	38.6	30.9	46.5	41.3	34.9	41.1	36.5
2011	44.0	37.2	51.3	44.4	49.4	40.5	42.7
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2007	41.7	33.8	49.7	43.4	43.3	43.7	37.4
2009	42.2	35.0	49.8	46.5	41.6	41.3	40.6
2011	40.0	35.0	45.7	39.3	42.3	37.9	41.3

Source: YRBS
Note: Students who drank alcohol during 30 days before the survey and obtained the alcohol they drank by someone giving it to them.

Perception of Harm

Indicator Description: The perception of harm from drinking excessive amounts of alcohol.
Why Indicator is Important: The perception of harm from drinking excessive amounts of alcohol can influence one's decision to use alcohol. In families where parents abuse alcohol or are tolerant of children's use, the more likely they are to abuse alcohol as adolescents. The risk is further increased if a parent involves children in their own alcohol using behavior. It is important to have a better understanding of how to limit risk factors while strengthening and increasing access to protective resources to reduce alcohol abuse and create healthier individuals and communities. Understanding perception of harm from drinking excessive amounts of alcohol is associated with alcohol use, which can be used in prevention interventions.

Persons aged 18 to 25 years in West Virginia and in the United States reported having the lowest perceived risk of having five or more alcohol beverages once or twice a week compared to those 12-17 and 26 and older (NSDUH).

Percentage of Those with Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week Among Those 12 and Older

	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	38.8	38.9	38.1	39.8	40.0	40.6
18-25	32.1	34.0	32.1	33.1	33.4	34.1
26 and older	45.7	46.2	42.3	43.5	44.5	44.3
12 and older	**43.6**	**44.1**	**40.7**	**41.8**	**42.6**	**42.6**

Source: NSDUH

Note: 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

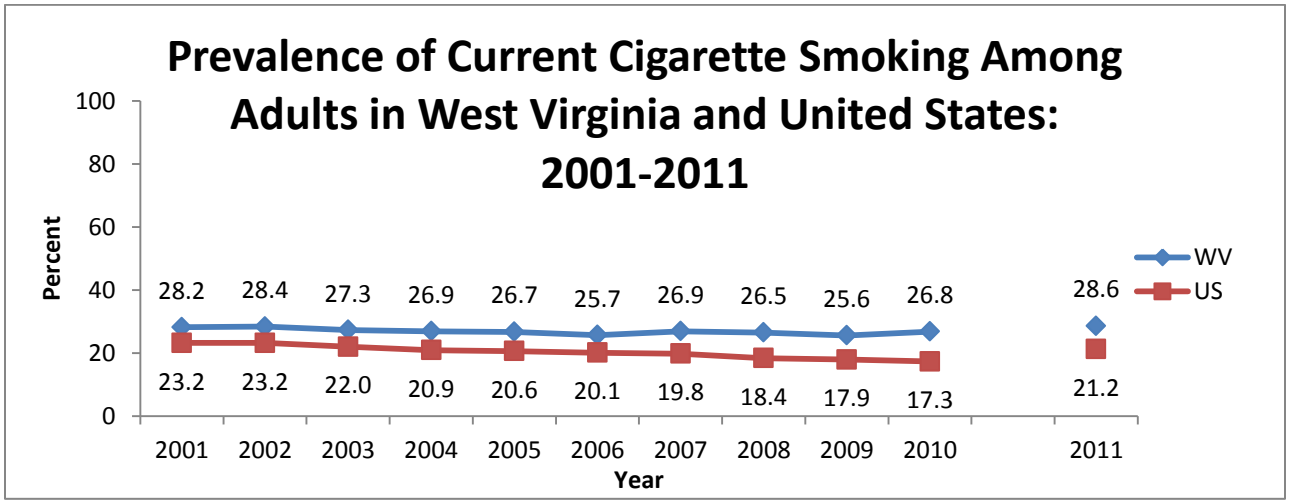
Tobacco Consumption

Current Use

Indicator Description: Current use of tobacco products on at least one or more occasion in the past 30 days.

Why Indicator is Important: According to the CDC tobacco use is the most preventable cause of death in the United States. Smoking harms nearly every organ in your body and causes many diseases which reduce the health of smokers in general. 1 of every 5 deaths each year in the United States is caused by cigarette smoking and secondhand smoke exposure.

West Virginia had the second highest prevalence of current smoking among adults in the nation in 2011. West Virginia had a significantly higher rate of rate of current smoking than the United States in 2011. Males in West Virginia had a significantly higher rate of current smoking than females. Adults 18-54 had a significantly higher prevalence of smoking than adults 55 and older in 2011. Adults 65 and older had a significantly lower prevalence of current use of cigarettes smoking than all other age groups in 2011. Adults with less than a high school education had a significantly higher prevalence of current smoking than adults with an education higher than high school in 2011. Adults in West Virginia with an income of less than $15,000 have a significantly higher prevalence of current smoking than all other income groups in 2011 (BRFSS).

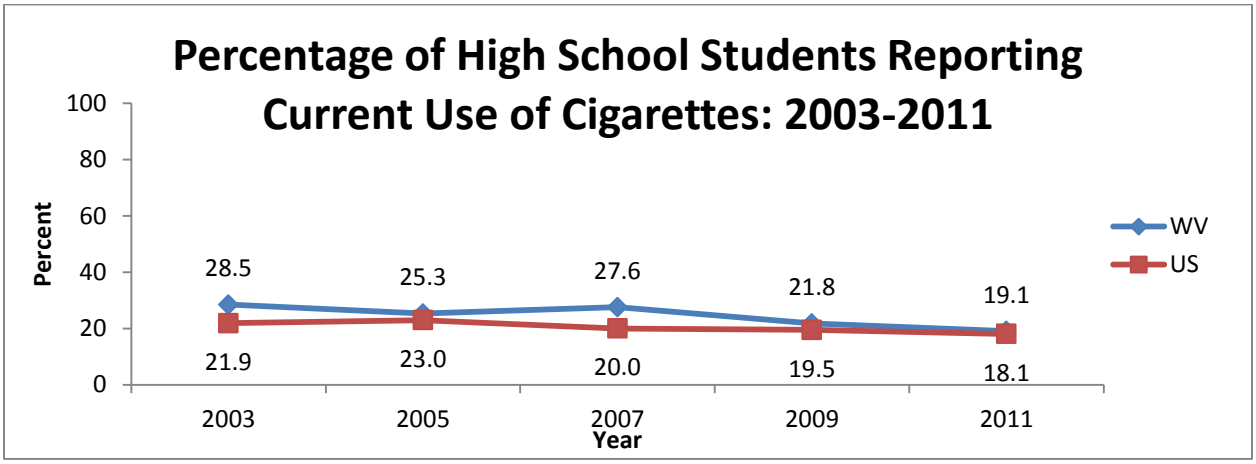


Prevalence of Current Cigarette Smoking Among Adults by Gender and Age in West Virginia and United States 2001-2011									
West Virginia									
Year	**Total**	**Gender**		**Age**					
		Male	**Female**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**
2001	28.2	28.9	27.6	41.1	35.0	35.4	28.1	23.7	11.2
2002	28.4	29.8	27.2	38.9	35.9	34.8	30.7	21.3	12.3
2003	27.3	27.6	27.1	36.2	36.5	34.5	30.1	21.0	10.8
2004	26.9	27.5	26.4	37.6	32.7	35.7	28.6	21.0	10.0
2005	26.7	27.4	26.0	38.2	34.4	29.1	28.4	25.3	10.5
2006	25.7	25.4	26.1	36.2	34.3	27.9	26.6	22.1	12.8
2007	26.9	28.4	25.4	34.9	36.2	33.1	29.2	22.4	11.5
2008	26.5	26.0	27.0	41.2	38.7	29.9	28.0	20.4	9.5
2009	25.6	27.7	23.6	30.7	41.6	26.9	27.4	21.8	10.7
2010	26.8	28.3	25.4	34.5	36.8	28.9	32.4	23.9	10.8
2011	28.6	31.5	25.9	38.5	41.4	34.7	33.6	21.0	10.9
United States									
Year	**Total**	**Gender**		**Age**					
		Male	**Female**	**18-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**
2001	23.2	25.6	21.4	30.8	26.7	27.5	24.6	20.1	10.1
2002	23.2	25.8	20.8	31.2	26.2	27.2	25.2	20.9	10.1
2003	22.0	24.8	20.2	29.6	25.4	25.6	24.3	19.8	9.5
2004	20.9	23.1	19.1	28.4	26.3	23.9	22.3	18.5	9.3
2005	20.6	22.1	19.2	26.1	24.7	23.2	23.1	18.8	8.9
2006	20.1	22.2	18.4	26.8	24.2	21.2	22.2	16.5	8.6
2007	19.8	21.2	18.4	24.0	23.9	20.4	22.3	18.0	9.0
2008	18.4	20.3	16.7	22.3	23.7	20.0	21.0	16.8	8.2
2009	17.9	19.6	16.7	23.2	23.8	18.1	20.5	16.2	8.2
2010	17.3	18.5	15.8	19.9	23.4	18.3	19.5	16.0	8.4
2011	21.2	23.6	18.8	24.0	29.2	22.8	23.8	18.8	9.2

Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is median prevalence).

Note: Current Cigarette Smoking is defined as smoking at least one cigarette in the last 30 days. In 2011 there were changes made to the weighting methodology and the addition of the cell phone sampling frame, therefore 2011 prevalence data should not be directly comparable to previous years of BRFSS data.

West Virginia had a slightly higher percentage of current use of cigarettes among high school students compared to the nation (2003-2011). Male high school students in West Virginia had a higher rate of current smoking (21.8%) compared to females (16.3%) in 2011 (YRBS).

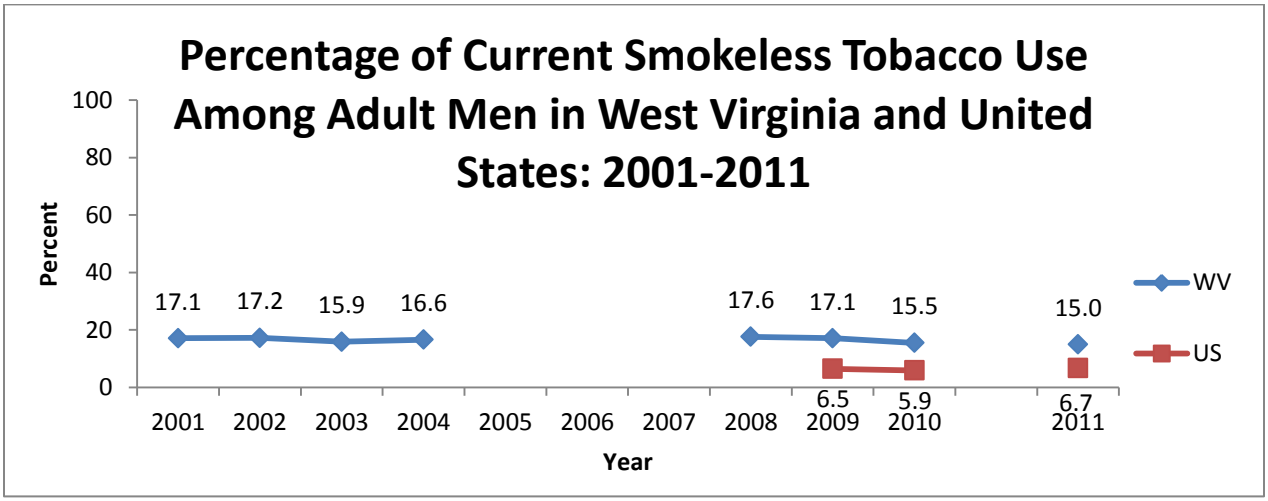


Percentage of High School Students Reporting Current Use of Cigarettes by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	28.5	25.6	31.4	23.9	24.1	32.8	34.7
2005	25.3	25.6	24.8	26.6	23.1	25.6	26.9
2007	27.6	26.7	28.4	25.4	27.0	29.9	27.7
2009	21.8	21.2	22.2	16.4	19.9	24.2	27.9
2011	19.1	21.8	16.3	17.7	16.2	21.5	21.8
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	21.9	21.8	21.9	17.4	21.8	23.6	26.2
2005	23.0	22.9	23.0	19.7	21.4	24.3	27.6
2007	20.0	21.3	18.7	14.3	19.6	21.6	26.5
2009	19.5	19.8	19.1	13.5	18.3	22.3	25.2
2011	18.1	19.9	16.1	13.0	15.6	19.3	25.1

Source: YRBS

Note: Current Use is defined as having reported any cigarette use in the past 30 Days.

West Virginia had the fourth highest current smokeless tobacco prevalence in the nation and the third highest current smokeless tobacco prevalence among males in the nation in 2011. West Virginia had a significantly higher prevalence of current smokeless tobacco compared to the United States. Males had a significantly higher prevalence of current smokeless tobacco use than females. West Virginia male adults 18-54 had a significantly higher prevalence of current smokeless tobacco use than adults 55 and older in 2011. Adult males with less than a high school education had a significantly higher prevalence of current smokeless tobacco use than male adults with a college education in 2011 (BRFSS).



Percentage of Current Smokeless Tobacco Use among Adult Men by Age in West Virginia and United States: 2001-2011

West Virginia

Year	Men	Age					
		18-24	25-34	35-44	45-54	55-64	65+
2001	17.1	14.2	26.0	21.2	13.1	16.3	10.9
2002	17.2	16.7	26.3	21.7	16.1	12.5	9.0
2003	15.9	*8.3	26.3	22.1	12.6	12.3	12.4
2004	16.6	*16.9	24.7	20.9	16.7	10.8	8.7
2005	NA	NA	NA	NA	NA	NA	NA
2006	NA	NA	NA	NA	NA	NA	NA
2007	NA	NA	NA	NA	NA	NA	NA
2008	17.6	*23.1	23.9	21.5	14.0	14.0	11.3
2009	17.1	*19.4	22.0	24.3	20.7	10.9	6.2
2010	15.5	16.3	20.9	22.6	15.4	9.5	8.6
2011	15.0	16.7	18.8	22.8	17.6	9.0	7.1

United States

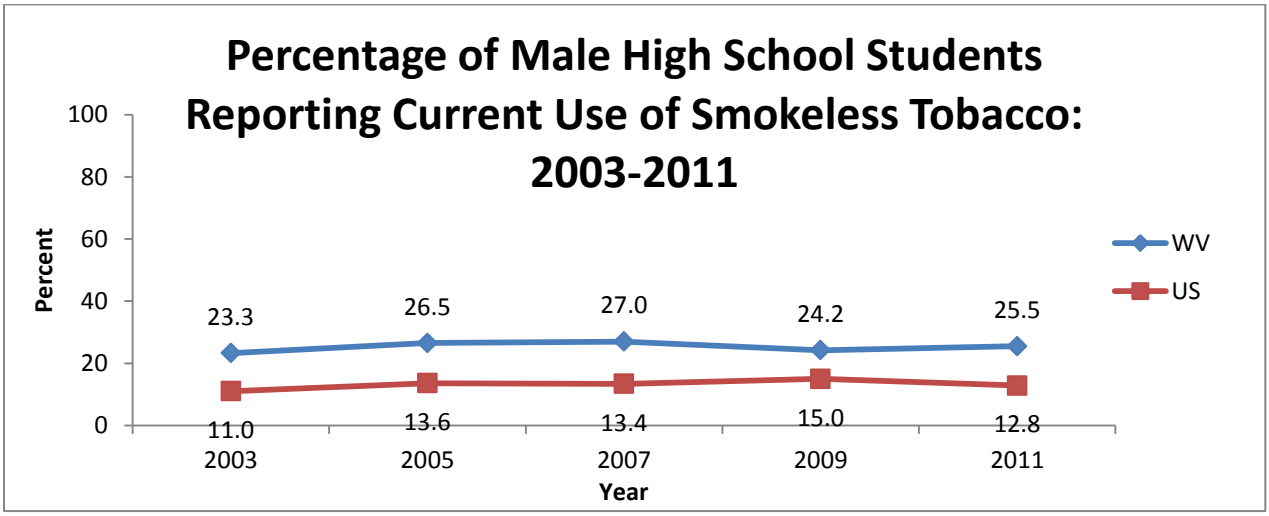
Year	Men	Age					
		18-24	25-34	35-44	45-54	55-64	65+
2009	6.5	8.9	9.3	7.8	5.3	4.1	3.3
2010	5.9	7.9	8.0	7.6	5.2	3.6	3.0
2011	6.7	9.3	8.7	8.6	6.0	4.0	3.5

Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is mean prevalence).

Note: Current smokeless tobacco use is defined as using smokeless tobacco every day or some days. The prevalence of smokeless tobacco use among adult women is unreliable. The survey question on smokeless tobacco was added beginning in 2009 for all states. Prior to 2009, this question was a state-added question. WV data on smokeless tobacco use was not available in 2005, 2006, and 2007. In 2011 there were changes made to the weighting methodology and the addition of the cell phone sampling frame, therefore 2011 prevalence data should not be directly comparable to previous years of BRFSS data. NA= Data not available.

* Estimates may be unreliable.

West Virginia had the second highest ranking for male smokeless tobacco use among high school students in the nation in 2011. The percentage of male smokeless tobacco users was significantly higher than the national percentage from 2003 to 2011 (YRBS).



Percentage of Male High School Students Reporting Current Use of Smokeless Tobacco by Grade: 2003-2011					
West Virginia					
Year	**Male**	**Males by Grade**			
		9th	**10th**	**11th**	**12th**
2003	23.3†	18.0	21.5†	24.9†	28.6†
2005	26.5†	29.5†	22.4†	22.9	31.8†
2007	27.0†	28.3†	28.4†	26.9†	NA
2009	24.2†	25.2†	20.2	27.5†	25.5
2011	25.5†	26.0†	23.4†	26.4	26.3†
United States					
Year	**Male**	**Males by Grade**			
		9th	**10th**	**11th**	**12th**
2003	11.0	9.1	9.6	13.3	12.7
2005	13.6	11.8	12.8	14.8	15.5
2007	13.4	10.4	14.4	13.3	15.9
2009	15.0	10.7	13.9	18.9	18.1
2011	12.8	9.6	12.1	14.5	15.0

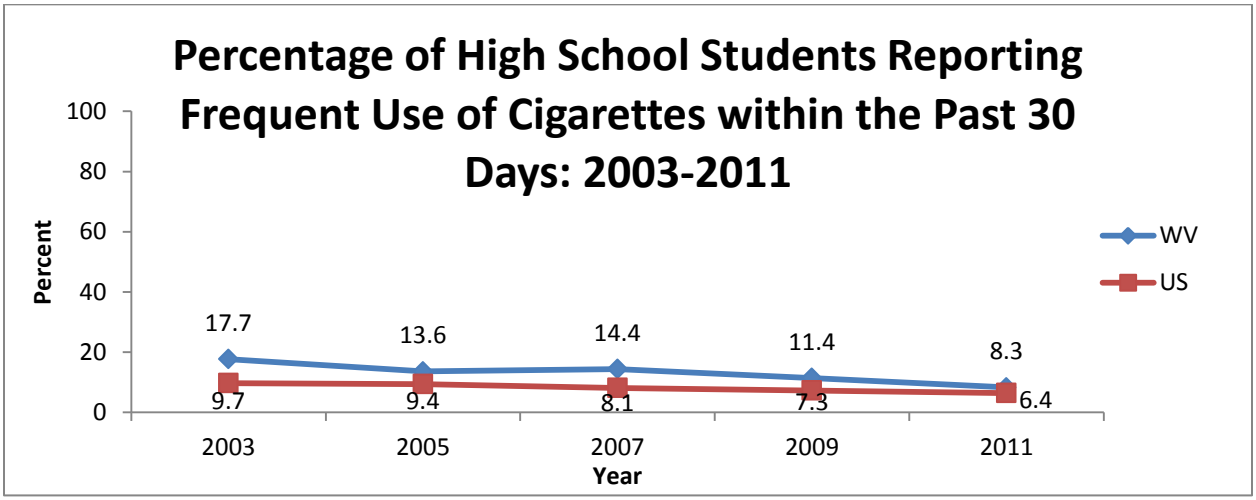
Source: YRBS

Note: Current use is defined as reporting any smokeless tobacco use in the past 30 Days. NA = data not available. Significantly higher is indicated by "†"

Frequent Use

Indicator Description: Frequent use is defined as smoking at least 20 days of the past 30 days.
Why Indicator is Important: Tobacco use is linked to several negative outcomes including cancer, cardiovascular disease, lung diseases, as well as death.

West Virginia high school students had a higher rate of frequent smoking from 2003-2011, but it was only significantly higher from 2003-2009. In 2011 male high school students in West Virginia had a higher percentage of frequent smokers than females (YRBS).



Percentage of High School Students Reporting Frequent Use of Cigarettes within the Past 30 Days by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	17.7	16.1	19.3	13.2	12.6	21.3	24.8
2005	13.6	14.6	12.4	14.8	13.3	14.2	12.9
2007	14.4	14.2	14.5	12.0	12.8	16.0	17.3
2009	11.4	11.0	11.7	7.7	8.7	14.0	16.5
2011	8.3	9.6	7.0	7.1	6.0	10.4	10.5
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	9.7	9.6	9.7	6.3	9.2	11.2	13.1
2005	9.4	9.3	9.3	6.9	7.7	10.3	13.2
2007	8.1	8.7	7.4	4.3	7.0	10.1	12.2
2009	7.3	8.0	6.4	4.7	5.7	8.3	11.2
2011	6.4	7.4	5.4	3.3	4.3	7.7	10.8

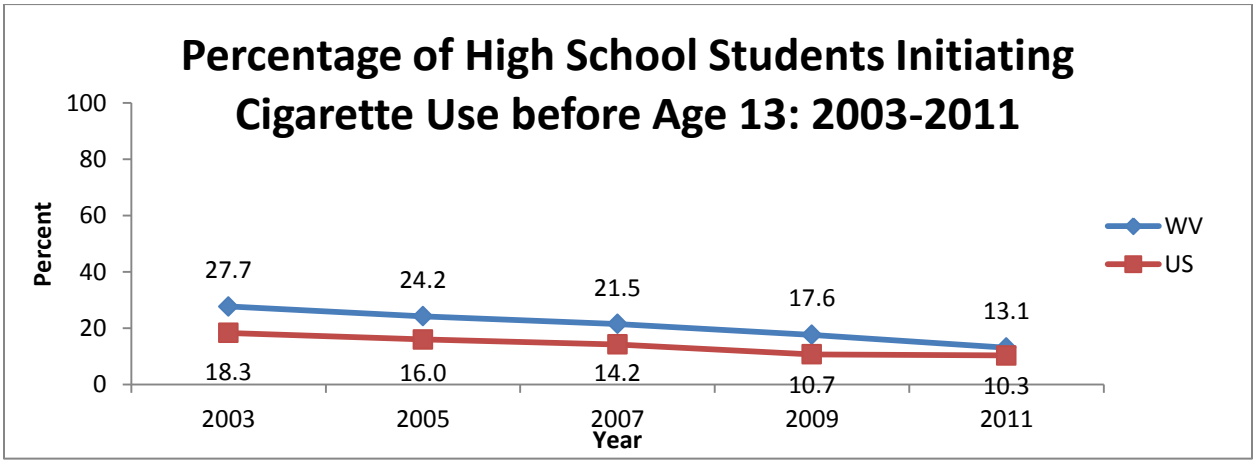
Source: YRBS
Note: Frequent use is defined as smoked cigarettes on at least 20 days of the past 30 days

Age of Initial Use

Indicator Description: This indicator captures the percentage of students who reported their initial use of tobacco before the age of 13.

Why Indicator is Important: Smoking during adolescence is associated with a greater increase of other risky behaviors such as high risk sexual behavior, use of alcohol, marijuana and other drugs. According to a report from the Surgeon General in 2012, 88% of daily adult smokers reported initial use of tobacco by the age of 18 years.

High school students in West Virginia had a significantly higher percentage of initiating tobacco use before the age of 13 than the national rate from 2003-2009. Male students had a higher rate of initiating tobacco use before age 13 from 2003-2011 than females (YRBS).



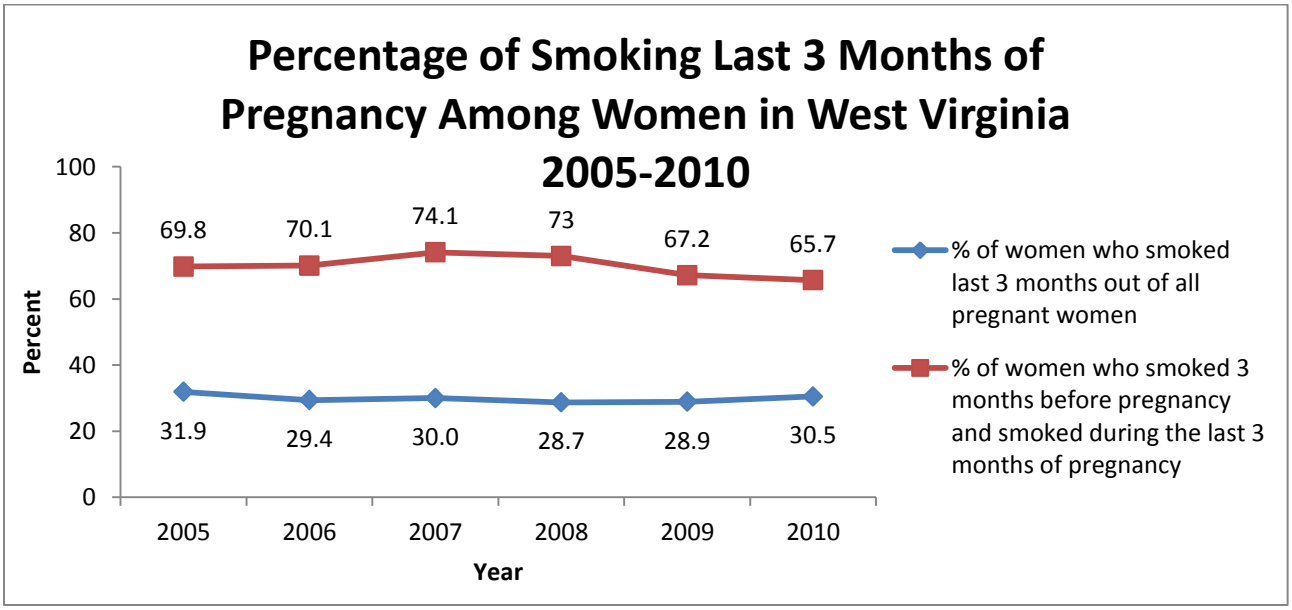
Percentage of High School Students Initiating Cigarette Use before Age 13 by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	27.7	28.1	27.4	27.3	21.8	27.4	35.8
2005	24.2	26.1	22.0	29.4	26.1	20.7	18.4
2007	21.5	23.4	19.5	24.6	23.2	21.1	15.0
2009	17.6	19.5	15.2	21.1	20.6	17.2	9.4
2011	13.1	14.3	11.9	15.1	14.9	12.5	9.4
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	18.3	20.0	16.4	19.3	20.1	16.0	16.5
2005	16.0	18.3	13.6	18.6	16.0	14.4	13.9
2007	14.2	16.4	11.9	16.3	14.3	12.0	13.3
2009	10.7	11.8	9.4	12.1	11.2	10.3	8.6
2011	10.3	12.0	8.4	12.1	10.1	9.8	8.2
Source: YRBS							

Tobacco Use During Pregnancy

Indicator Description: This indicator examines the prevalence of smoking during the last 3 months of pregnancy.

Why Indicator is Important: Both mother and baby are harmed by smoking during pregnancy. Some of the health problems caused by smoking during pregnancy are: pregnancy complication, premature birth, low birth weight, stillbirth, sudden infant death syndrome (SIDS), and birth defects such as a cleft lip or palate. Smoking cessation programs for pregnancy can help to reduce the percentage of women who are pregnant and smoking.

Among all pregnant women in West Virginia 30.5% smoked the last three months of pregnancy in 2010. However, among pregnant women who smoked three months before pregnancy 65.7% smoked the last three months of pregnancy in 2010. The percentage of low birth weight infants was significantly higher among those who reported smoking the last three months of their pregnancy from 2005-2010. Pregnant women receiving Medicaid for prenatal care and/or delivery had a significantly higher rate of smoking the last three months of pregnancy than pregnant women who didn't receive Medicaid for prenatal care and/or delivery from 2005-2010. Also, pregnant women receiving Medicaid for prenatal care and/or delivery had a significantly higher rate of smoking three months before pregnancy than pregnant women who didn't receive Medicaid for prenatal care and/or delivery from 2005-2010 (PRAMS).



Percentage of Smoking Last 3 Months of Pregnancy Among Women in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
% of women who smoked last 3 month out of all pregnant women	31.9	29.4	30.0	28.7	28.9	30.5
% of women who smoked 3 months before pregnancy and smoked during the last 3 months of pregnancy	69.8	70.1	74.1	73	67.2	65.7
% of women who smoked 3 months before pregnancy and quit before the last 3 months of pregnancy	30.2	29.9	25.9	27	32.8	34.3
Source: PRAMS						

Percentage Low Birth Weight (< 2500 grams) Infants By the Smoking Status of Women the Last 3 Months of Pregnancy in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Smoked	12.4	13.2	12.4	12.6	12.7	13.0
Non-Smoker	6.8	7.0	7.0	7.0	6.3	6.2
Percentage of Women Smoking Last 3 Months of Pregnancy by Medicaid for Prenatal Care and/or Delivery Payment in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Medicaid	43.9	42	43.6	38.2	39.6	42.8
Non-Medicaid	12.2	10	9.1	14.4	11	9.7
Percentage of Women Smoking 3 Months Before Pregnancy by Medicaid for Prenatal Care and/or Delivery Payment in West Virginia 2005-2010						
	2005	**2006**	**2007**	**2008**	**2009**	**2010**
Medicaid	58.7	55.3	54.2	49.9	55	49.9
Non-Medicaid	23.8	23.9	21.6	25.2	25	25.2
Source: PRAMS						

Tobacco Consequences

Economic Costs of Cigarettes

Indicator Description: This indicator is an estimate of the economic costs of smoking cigarettes (the costs estimates do not include smokeless tobacco, cigars, pipes, maternal smoking, smoking related neonatal illnesses, secondhand smoke exposure, tobacco related fire deaths, and damages).

Why Indicator is Important: Tobacco use costs the United States billions of dollars every year in medical expenses and lost productivity. This indicator is important because it describes the economic costs of smoking cigarettes.

What smokers pay out-of-pocket for cigarettes

The average West Virginia adult cigarette smoker consumes about 1.5 packs of cigarettes per day. The price of a pack of cigarettes was $0.64 in 1980 and $3.70 in 2009. By multiplying the packs smoked per year by the cost per pack of cigarettes, the cost per smoker in 1980 was about $364, and in 2009 it was about $2,121 per year. Over 30 years of smoking, the average West Virginia adult smoker would have spent about $31,000 on cigarettes (WVHSC, SAMMEC).

Forecasting into the future, the price of a pack of cigarettes is conservatively projected to be about $14.82 in 2039. In the year 2039, the average smoker could spend over $7,200 per year on cigarettes, and the average West Virginia adult smoker may be spending over $122,000 on cigarettes over a 30 year time period, 2010-2039 (WVHSC, SAMMEC).

What society pays for cigarette smoking

During the years 2006-2010, the estimated annual direct health care costs caused by deaths and illnesses from smoking were $709 million. During those years, the estimated annual lost productivity (lost wages and other economic contributions of those who died early) amounted to $1.07 billion. Combined, these smoking-related costs totaled $1.778 billion annually. If viewed as a cost per pack of cigarettes, it is about $9 per pack. When expressed per smoker, it is about $4,676 per adult smoker (18 and older) in West Virginia (WVHSC, SAMMEC).

What employers pay for cigarette smoking

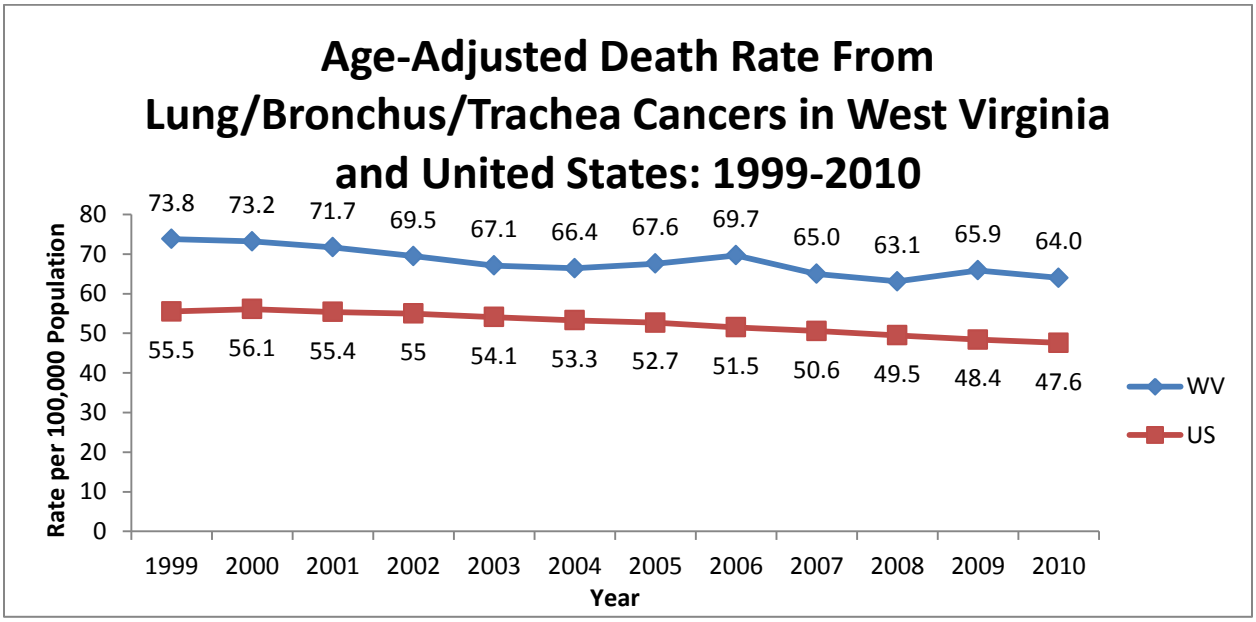
It is estimated that the annual excess cost to employ a smoker is $5,816, based on absenteeism, presenteesim, smoking breaks, healthcare costs and pension benefits for smokers (Berman, M et al. Estimating the cost of a smoking employee. Tobacco Control, online June 3, 2013).

Tobacco-Related Mortality

Indicator Description: Mortality rates for diseases that tobacco use is known to be a cause of death.

Why Indicator is Important: According to the CDC, tobacco use causes thousands of deaths from numerous diseases every year. Tobacco caused more deaths each year than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. This indicator demonstrates the harmful effects of tobacco use, which can be used for prevention and cessation programs. This indicator is important because West Virginia has one of the highest smoking prevalence rates in the United States and it is important to measure the consequences of tobacco consumption in order to focus prevention efforts to reduce this burden.

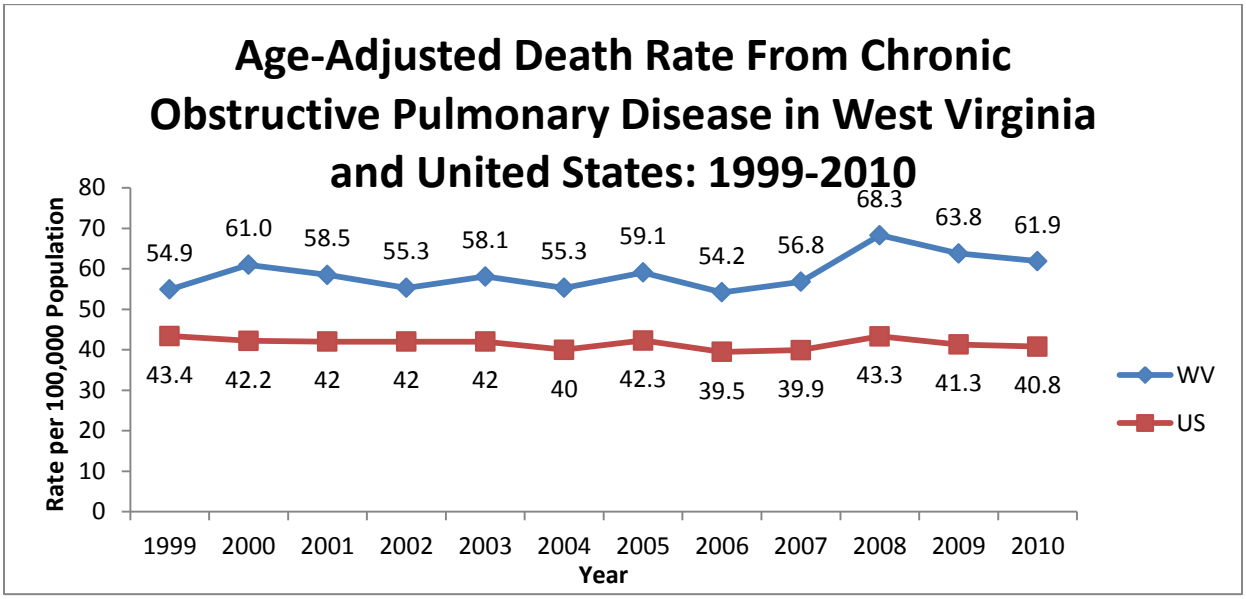
West Virginia had a higher age-adjusted rate of death for lung/bronchus/trachea cancers from 1999-2010 than the national rate. Males had a significantly higher death rate than females for lung/bronchus/trachea cancers for each year and for the combined years for 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Lung/Bronchus/Trachea Cancers by Gender						
Year	**West Virginia**			**United States**		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
1999	53.5	103.1	73.8	40.2	76.9	55.5
2000	51.7	103.5	73.2	41.3	76.7	56.1
2001	55.5	91.8	71.7	41.1	75.3	55.4
2002	50.3	94.9	69.5	41.6	73.5	55
2003	49.8	91.1	67.1	41.3	71.8	54.1
2004	48.5	92.1	66.4	40.9	70.2	53.3
2005	50.3	91.6	67.6	40.6	69.1	52.7
2006	52.9	91.2	69.7	40.1	67	51.5
2007	49.7	85.7	65.0	40.1	64.9	50.6
2008	50.1	80.4	63.1	39.1	63.5	49.5
2009	53.0	83.2	65.9	38.6	61.4	48.4
2010	48.8	83.5	64.0	38.1	60.3	47.6
1999-2010	**51.1**	**90.8**	**67.9**	**40.1**	**68.8**	**52.2**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: C33-C34

West Virginia had a higher age-adjusted rate of death from COPD than the U.S. from 1999 to 2010. Chronic obstructive pulmonary disease (COPD) death rates are significantly higher for males for the combined years of 1999-2010 and for 1999 than females (VSS).

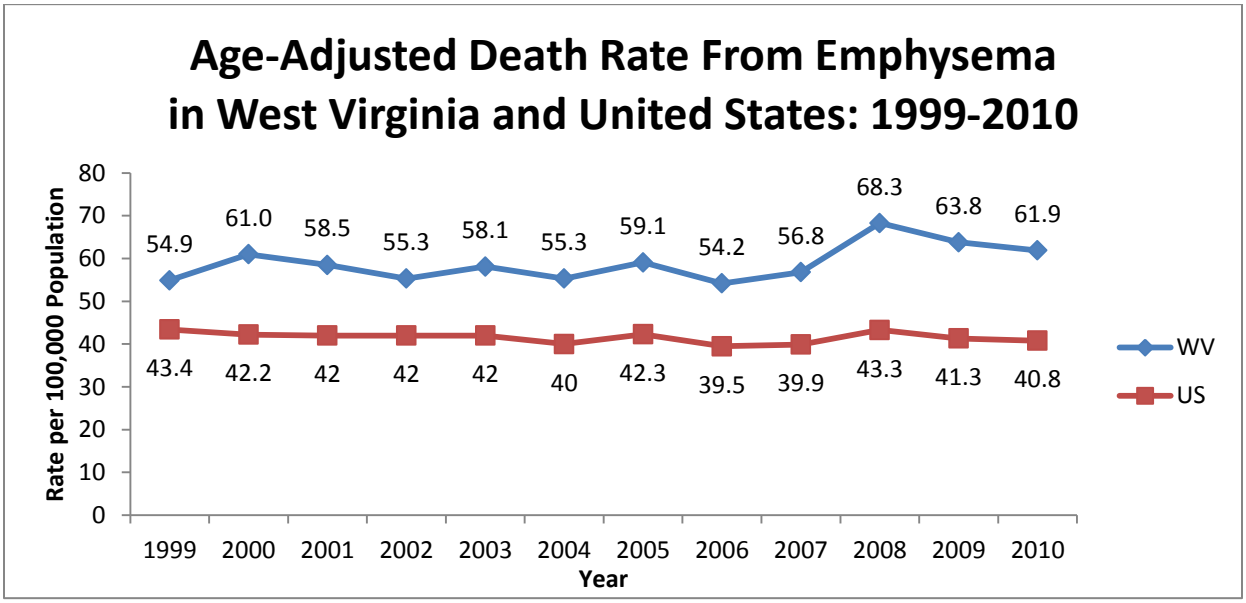


Age-Adjusted Death Rate per 100,000 Population From Chronic Obstructive Pulmonary Disease by Gender

Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	43.2	76.7	54.9	35.3	57	43.4
2000	52.4	77.9	61.0	35.2	54.2	42.2
2001	50.2	73.9	58.5	35.5	52.9	42
2002	47.2	69.6	55.3	35.6	52.8	42
2003	52.0	69.8	58.1	36.1	51.7	42
2004	47.8	69.1	55.3	34.5	49	40
2005	50.7	74.4	59.1	36.8	51	42.3
2006	49.1	63.2	54.2	34.7	47.3	39.5
2007	49.5	69.4	56.8	34.9	47.7	39.9
2008	61.4	79.4	68.3	38.2	51.2	43.3
2009	57.9	73.8	63.8	36.7	48.4	41.3
2010	53.9	74.4	61.9	36.4	47.6	40.8
1999-2010	**51.3**	**72.6**	**59.0**	**35.8**	**50.7**	**41.5**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: J40-J44

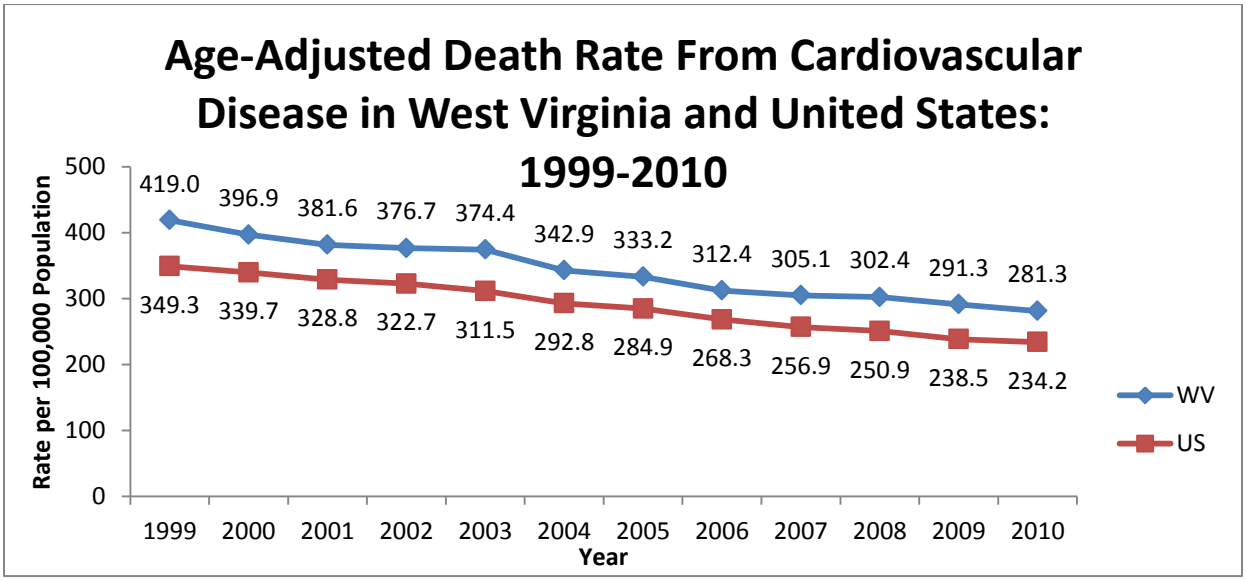
West Virginia had a higher age-adjusted death rate for emphysema than the United States from 1999-2010. Males had a significantly higher death rate than females for 1999, 2002, 2004, 2005, 2010 and combined years 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Emphysema by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	3.6	6.0	4.5	5.2	8.6	6.5
2000	5.9	7.2	6.3	4.9	7.8	6
2001	4.5	6.5	5.3	4.7	7.5	5.8
2002	3.8	5.8	4.6	4.4	7	5.4
2003	4.4	5.3	4.6	4.3	6.4	5.1
2004	3.6	7.1	5.0	3.8	5.9	4.6
2005	4.1	6.3	4.9	3.9	5.9	4.7
2006	3.9	4.8	4.2	3.5	5.1	4.1
2007	4.1	4.8	4.2	3.4	5.1	4.1
2008	4.7	5.1	4.9	3.3	4.9	3.9
2009	3.4	4.9	4.0	2.8	4.1	3.4
2010	2.4	5.1	3.6	2.6	3.8	3.1
1999-2010	**4.0**	**5.7**	**4.7**	**3.9**	**5.9**	**4.7**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: J43

The age-adjusted death rate for cardiovascular disease significantly declined between 1999 and 2010. Also, the death rate for females from cardiovascular disease significantly declined between 1999 and 2010. Males had a significantly higher death rate for cardiovascular disease than females for the combined years of 1999-2010 (VSS).



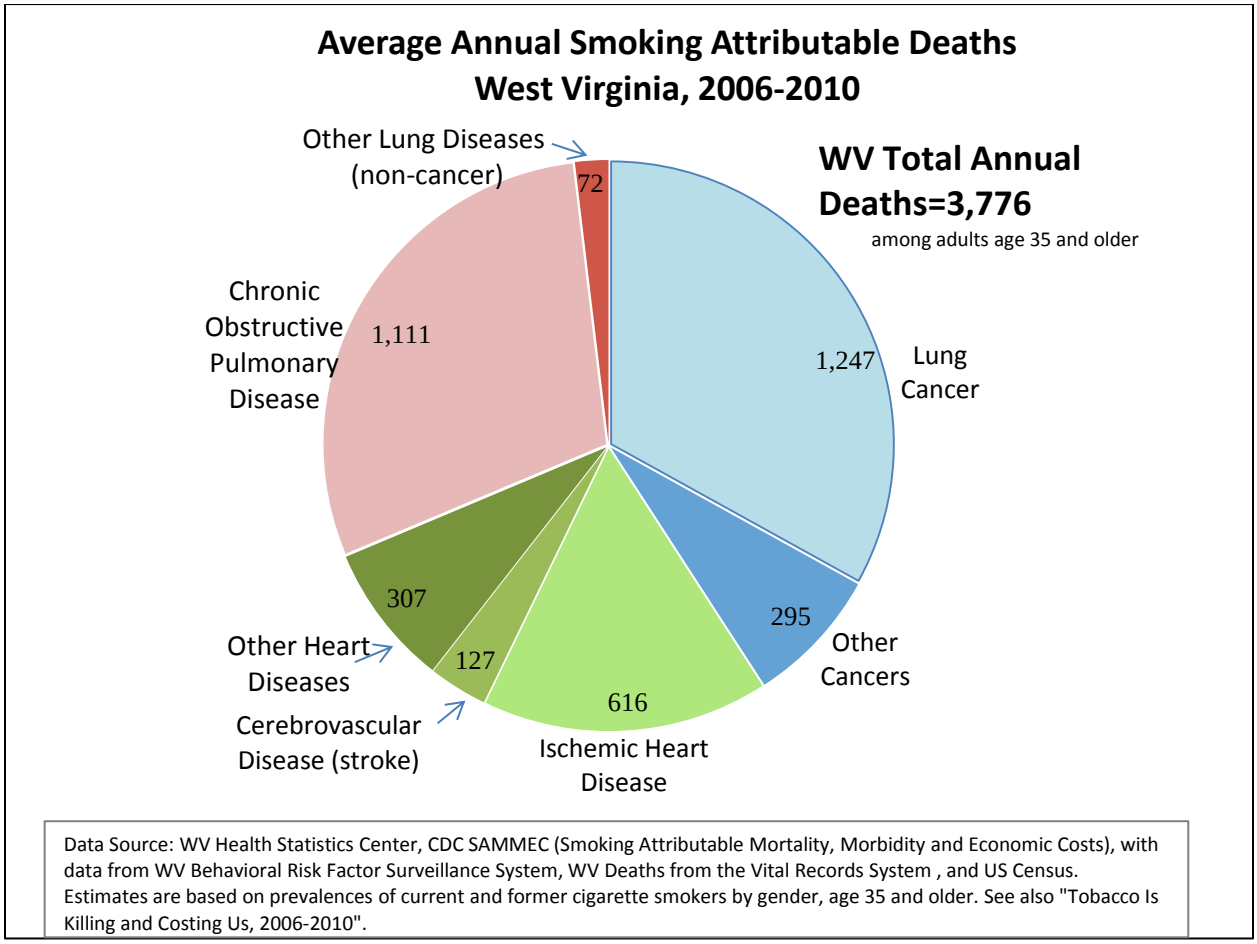
Age-Adjusted Death Rate per 100,000 Population From Cardiovascular Disease by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	362.6	494.4	419.0	296.5	419	349.3
2000	336.6	478.1	396.9	288.4	407.3	339.7
2001	329.4	447.4	381.6	280.8	391.2	328.8
2002	325.1	446.1	376.7	274.8	385.1	322.7
2003	324.4	436.3	374.4	265.3	371	311.5
2004	298.8	400.0	342.9	249.5	348.2	292.8
2005	287.4	391.2	333.2	242.7	338.9	284.9
2006	267.8	367.4	312.4	227.2	320.2	268.3
2007	261.5	355.4	305.1	217.3	306.5	256.9
2008	265.3	349.0	302.4	212.4	299.1	250.9
2009	248.4	342.2	291.3	199.8	286.9	238.5
2010	241.0	330.4	281.3	196.1	282	234.2
1999-2010	**295.0**	**400.1**	**341.7**	**244.3**	**342.6**	**287.5**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: I00-I78

During 2006-2010, annual deaths in West Virginia from cigarette smoking were estimated to be 3,776 among adults 35 and older. This was comprised of about 1,543 cancer deaths; 1,050 heart disease deaths; and 1,183 lung disease deaths. Smoking in WV was the cause of 66% of the cancer deaths, 16% of heart disease deaths, and 66% of lung disease deaths among WV adults age 35 and older. About 19% of all deaths (or nearly 1 in 5 deaths) of WV adults age 35 and older were caused by cigarette smoking. Due to the smoking-related premature deaths

during these years, over 55,000 years of potential life (YPLL) were lost annually. Every smoker who died lost an average of 14.6 years of life lost due to premature death (WVHSC, SAMMEC).

Cause of Death	WV Average Annual Deaths
Smoking-Related Cancers	1,543
Smoking-Related Heart Diseases	1,050
Smoking-Related Lung Diseases	1,183
Total Smoking-Related Deaths	**3,776**



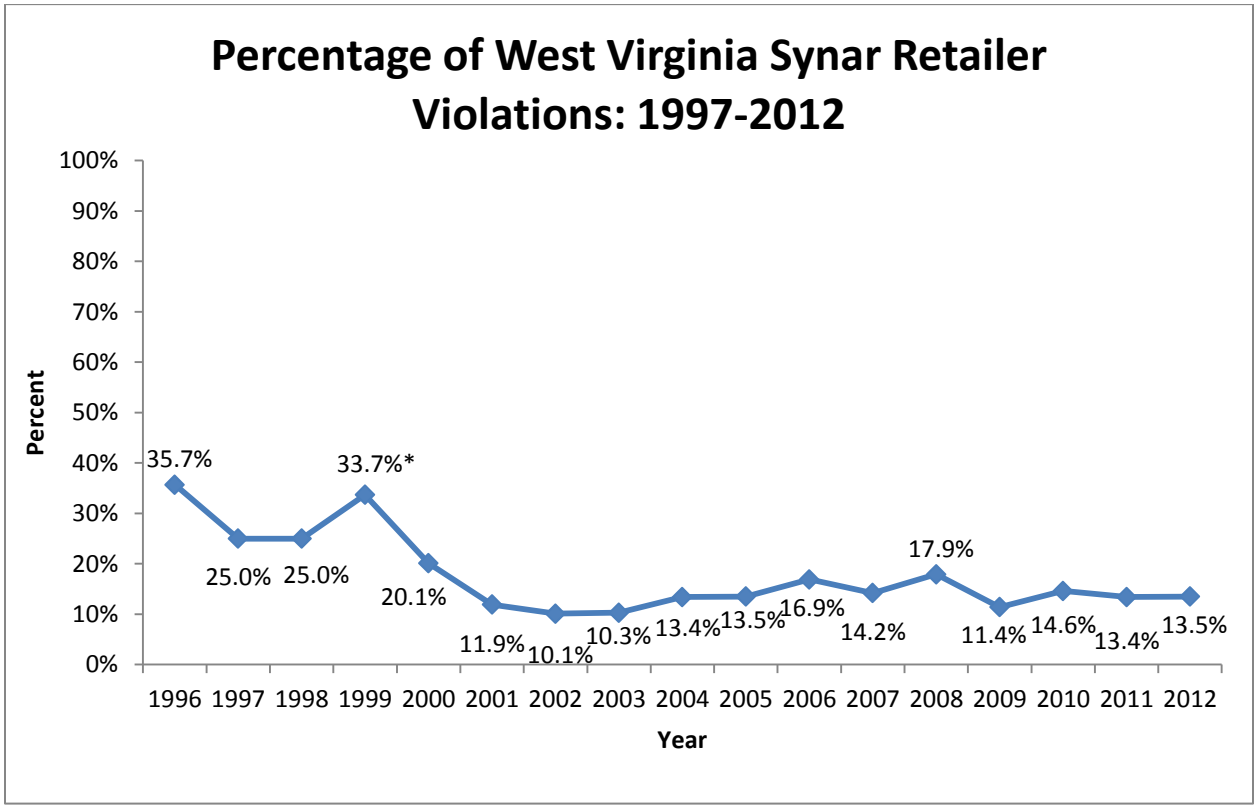
Data Source: WV Health Statistics Center, CDC SAMMEC (Smoking Attributable Mortality, Morbidity and Economic Costs), with data from WV Behavioral Risk Factor Surveillance System, WV Deaths from the Vital Records System , and US Census. Estimates are based on prevalences of current and former cigarette smokers by gender, age 35 and older. See also "Tobacco Is Killing and Costing Us, 2006-2010".

Tobacco Risk & Protective Factors

Access

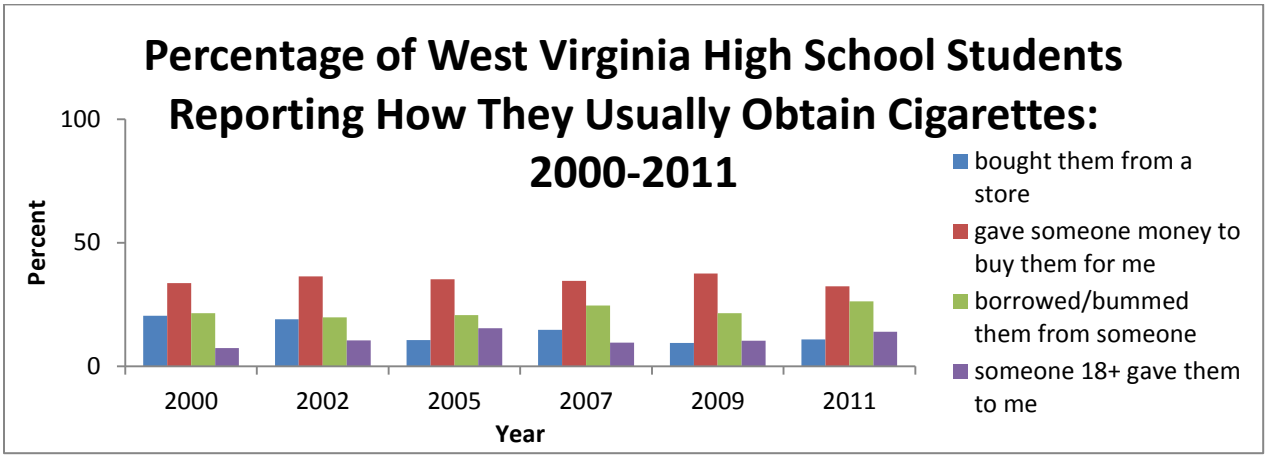
Indicator Description: This indicator measures the youth access to tobacco products.
Why Indicator is Important: Stricter enforcement of laws, is essential in order to reduce the prevalence of youth using tobacco products. Understanding how youths who smoke access tobacco products can assist prevention efforts.

The Synar violation rate for the sales or distribution of tobacco products to individuals under the age of 18 in West Virginia was 13.5% in 2012 (WVBHHF, WVHSC).



Source: WV Bureau for Behavioral Health and Health Facilities and WV Health Statistics Center.
*Note: ABCA Conducted SYNAR in 1999.

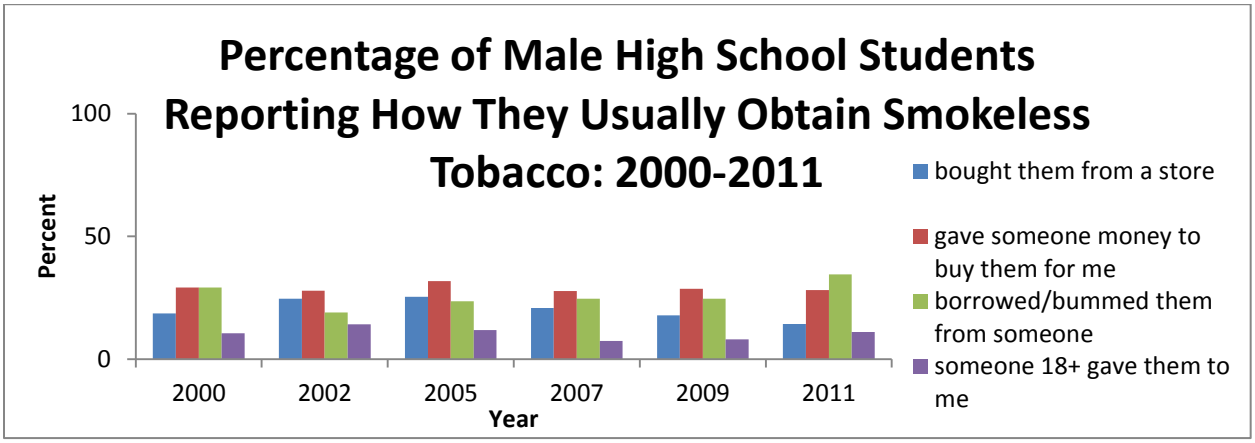
During 2000 to 2011, over 30% of West Virginia's underage current smokers reported obtaining cigarettes by "giving money to someone else to buy them for me," this was significantly higher than any other method. The prevalence of high school underage smokers' purchasing cigarettes from a store seems to be decreasing over time, but this was not a significant decrease. There were no significant changes over time in any method of obtaining cigarettes. Similarly, there were no significant changes occurring over time in any method, or comparing methods for underage males obtaining smokeless tobacco (WVYTS).



West Virginia High School Students Reporting How They Usually Obtain Cigarettes (Grades 9-12)						
	2000	**2002**	**2005**	**2007**	**2009**	**2011**
Bought them from store	20.4	19.0	10.6	14.7	9.4	10.9
Gave someone money to buy them for me	33.6	36.4	35.2	34.5	37.5	32.4
Borrowed/bummed from someone	21.5	19.8	20.7	24.6	21.4	26.3
Someone 18+ gave them to me	7.3	10.4	15.4	9.5	10.3	14.0

Source: WV Youth Tobacco Survey

Notes: Among students in grades 9-12 who are current smokers and under 18 years old.



Percentage of West Virginia High School Students Reporting How They Usually Obtain Cigarettes (Grades 9-12)						
	2000	**2002**	**2005**	**2007**	**2009**	**2011**
Bought them from store	18.7	24.6	25.4*	20.9*	17.8	14.4
Gave someone money to buy them for me	29.2	27.9	31.8	27.8*	28.7	28.1
Borrowed/bummed from someone	29.2	19.0	23.6*	24.7*	24.6	34.6*
Someone 18+ gave them to me	10.5*	14.2	11.9	7.4	8.1*	11.1

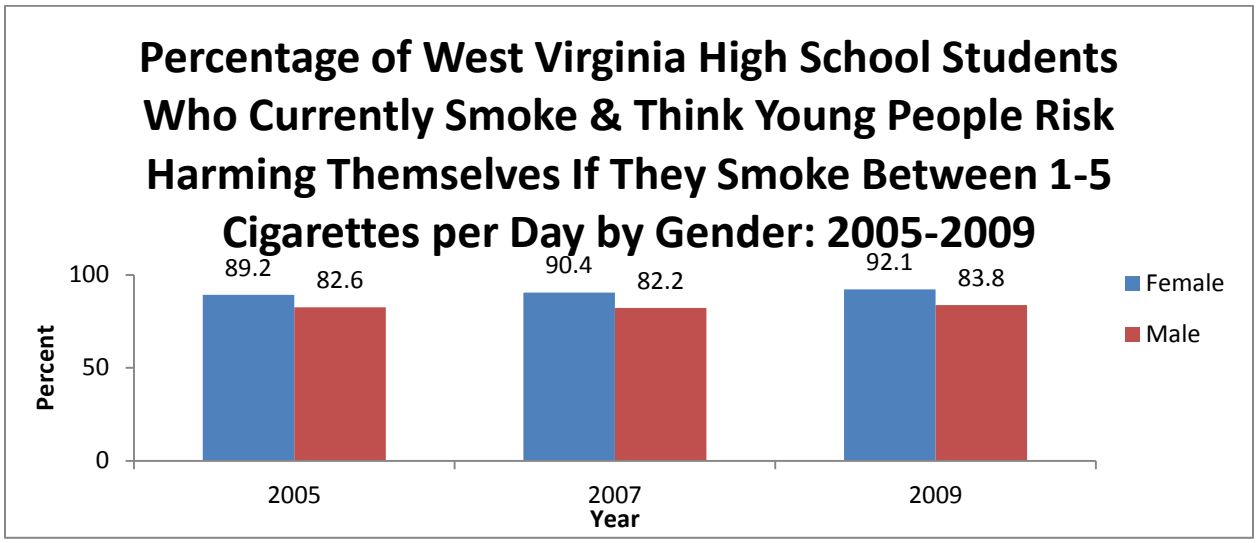
Source: WV Youth Tobacco Survey

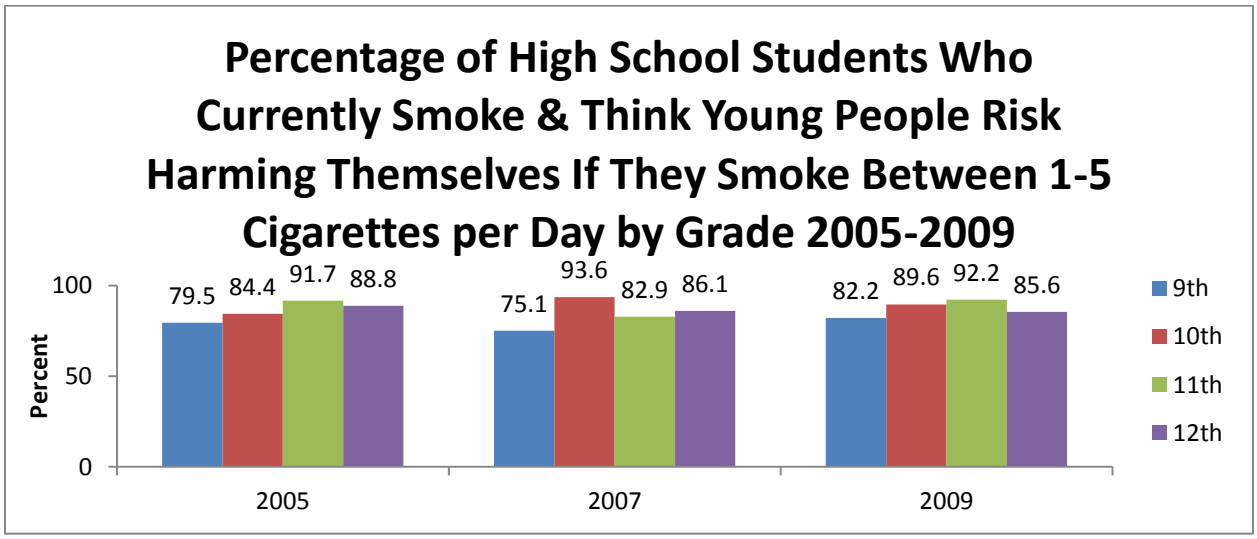
Notes: Among male students in Grades 9-12 who are current smokeless tobacco users and under 18 years old. Tobacco purchases in WV are prohibited to those less than 18 years. Restrictions/regulation of tobacco vending machine sales were enacted in June 2001. * Estimates may be unreliable (due to n<50, CI>20, or CV>.30). Use caution in interpreting this data. Vending machine purchase question was not asked for smokeless tobacco. Cigarette vending machine purchase response prevalence's were less than 5% in all these years, and not reliable (due to n<50, CI>20 or CV>.20), and not presented here. The response options, "I took them from a family member or store", and "obtained in other ways" had low responses and are not presented here.

Perception of Harm

Indicator Description: The perception of harm from smoking cigarettes.
Why Indicator is Important: The perception of harm from smoking cigarettes can influence one's decision to smoke. In families where parents smoke or are tolerant of children's use, the more likely they are to smoke cigarettes as adolescents. It is important to have a better understanding of how to limit risk factors while strengthening and increasing access to protective resources to reduce cigarette smoking and create healthier individuals and communities. The perception of harm from smoking cigarettes is associated with cigarette use and understanding this can be used in prevention interventions.

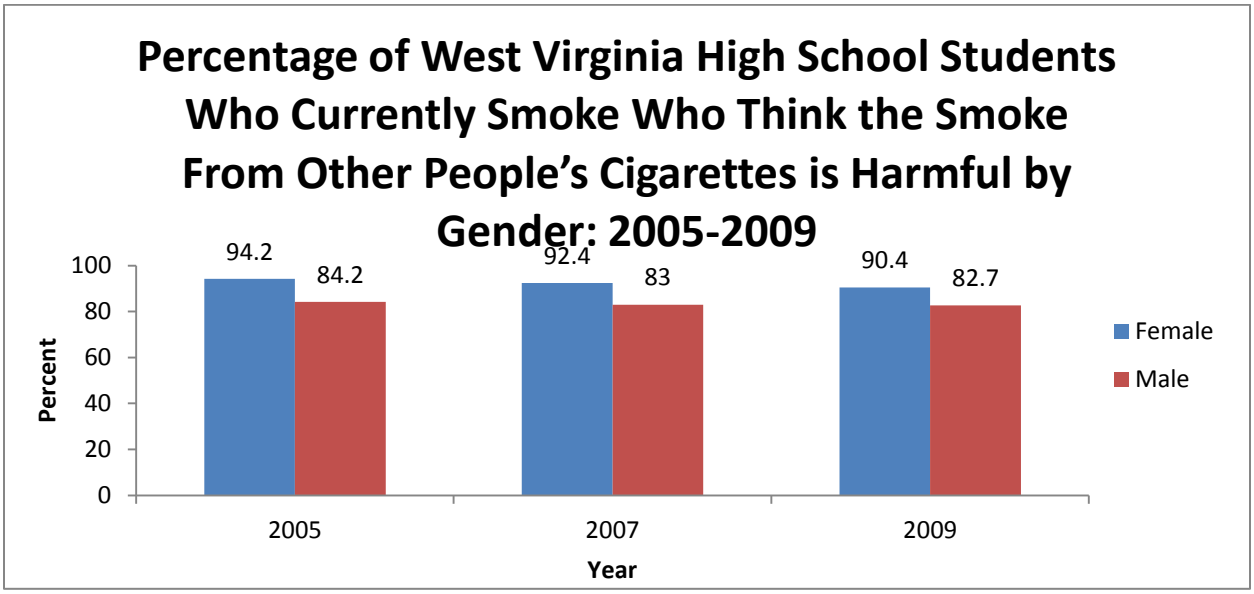
Male high school students in West Virginia who currently smoke had a lower perception of harm from smoking cigarettes (83.8%) compared to females (92.1%) in 2009. Also, students in the 9th grade who were current smokers (smoking at least one cigarette in the last 30 days) had the lowest perception of harm from smoking cigarettes compared to 10th through 12th grade students (WVYTS).





Percentage of West Virginia High School Students Who Currently Smoke & Think Young People Risk Harming Themselves If They Smoke Between 1-5 Cigarettes per Day by Gender and Grade: 2005-2009							
	Total	**Female**	**Male**	**9th**	**10th**	**11th**	**12th**
2005	85.8	89.2	82.6	79.5	84.4	91.7	88.8
2007	84.6	90.4	82.2	75.1	93.6	82.9	86.1
2009	87.7	92.1	83.8	82.2	89.6	92.2	85.6
Source: WV Youth Tobacco Survey							

Female high school students in West Virginia who currently smoke had a higher prevalence of thinking that smoke from other people's cigarettes is harmful than males from 2005-2009 (WVYTS).



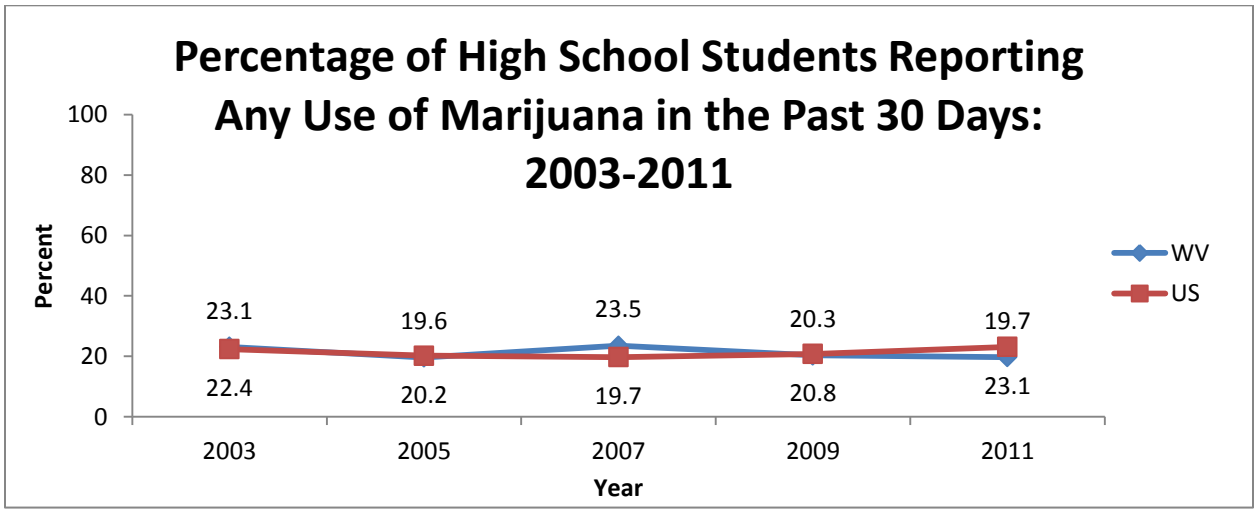
Percentage of West Virginia High School Students Who Currently Smoke Who Think the Smoke From Other People's Cigarettes is Harmful by Gender and Grade: 2005-2009							
	Total	**Female**	**Male**	**9th**	**10th**	**11th**	**12th**
2005	89.1	94.2	84.2	88.2	88.9	90.8	89.2
2007	86.3	92.4	83	80.5	89.2	86.8	88.1
2009	86.3	90.4	82.7	89.9	84.5	86.2	85.9
Source: WV Youth Tobacco Survey							

Drug Consumption

Current Use

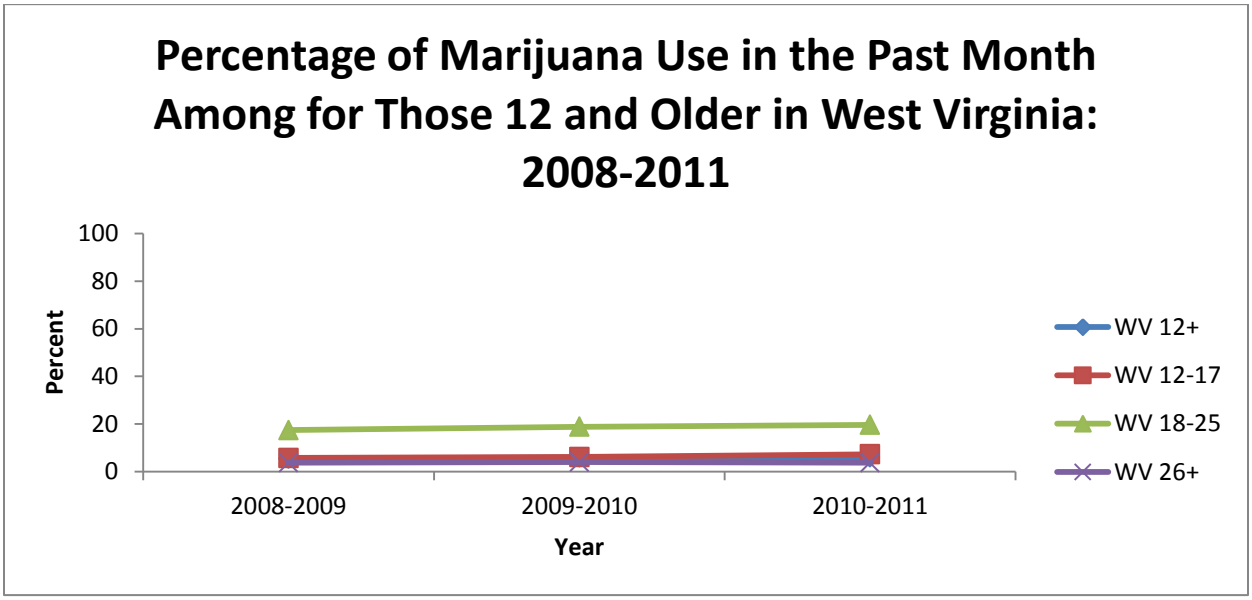
Indicator Description: Current use is the consumption of drugs within the last 30 days.
Why Indicator is Important: Drug use is a major public health issue in West Virginia and in the nation. According to the Mayo Clinic, dependence on drugs can lead to health problems, unconsciousness, coma, sudden death, transmission of communicable disease, accidents, suicide, social issues (family, work, and school), legal issues, and financial problems. This indicator provides a better understanding of the burden of drug use in West Virginia.

In 2011 high school students in the 12th grade in West Virginia were significantly more likely to have reported using marijuana in past the 30 days than 9th, 10th and 11th grade students. Male high school students (24.2%) in West Virginia were significantly more likely to have used marijuana in the past 30 days than females (15.1%) in 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Marijuana in the Past 30 Days by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	23.1	23.6	22.7	15.7	23.3	25.8	30.0
2005	19.6	22.7	16.4	19.1	21.1	21.5	18.1
2007	23.5	25.4	21.4	20.1	23.1	26.3	25.6
2009	20.3	22.7	17.6	14.4	19.0	20.1	28.4
2011	19.7	24.2	15.1	16.8	17.6	19.9	25.8
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	22.4	25.1	19.3	18.5	22.0	24.1	25.8
2005	20.2	22.1	18.2	17.4	20.2	21.0	22.8
2007	19.7	22.4	17.0	14.7	19.3	21.4	25.1
2009	20.8	23.4	17.9	15.5	21.1	23.2	24.6
2011	23.1	25.9	20.1	18.0	21.6	25.5	28.0
Source: YRBS							

The highest prevalence of current marijuana use was among those aged 18-24 in both West Virginia and in the United States from 2008-2011 compared to those aged 12-17 and 26 and older (NSDUH).

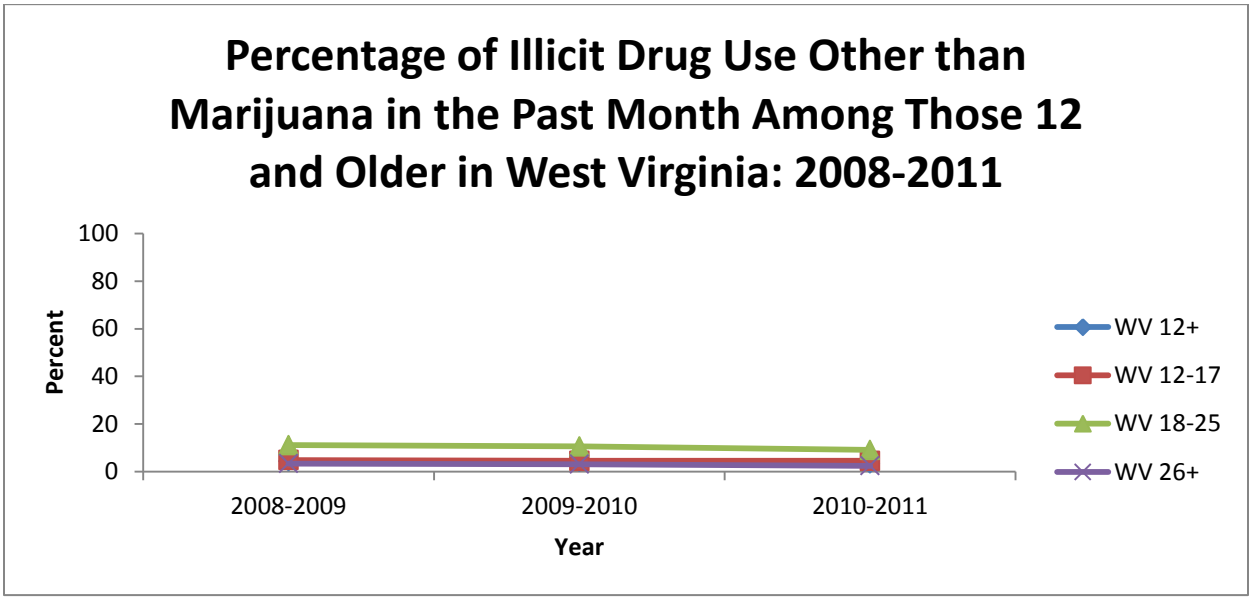


Percentage of Marijuana Use in the Past Month Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	5.7	6.1	7.3	7.0	7.4	7.6
18-25	17.5	18.9	19.7	17.4	18.4	18.8
26 and older	3.7	4.0	3.7	4.4	4.7	4.8
12 & older	**5.5**	**6.0**	**6.0**	**6.4**	**6.8**	**6.9**

Source: NSDUH

Note: 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

The highest prevalence of current illicit drug use other than marijuana was among those aged 18-24 in West Virginia and in the United States from 2008-2011 compared to those aged 12-17 and 26 and older (NSDUH).

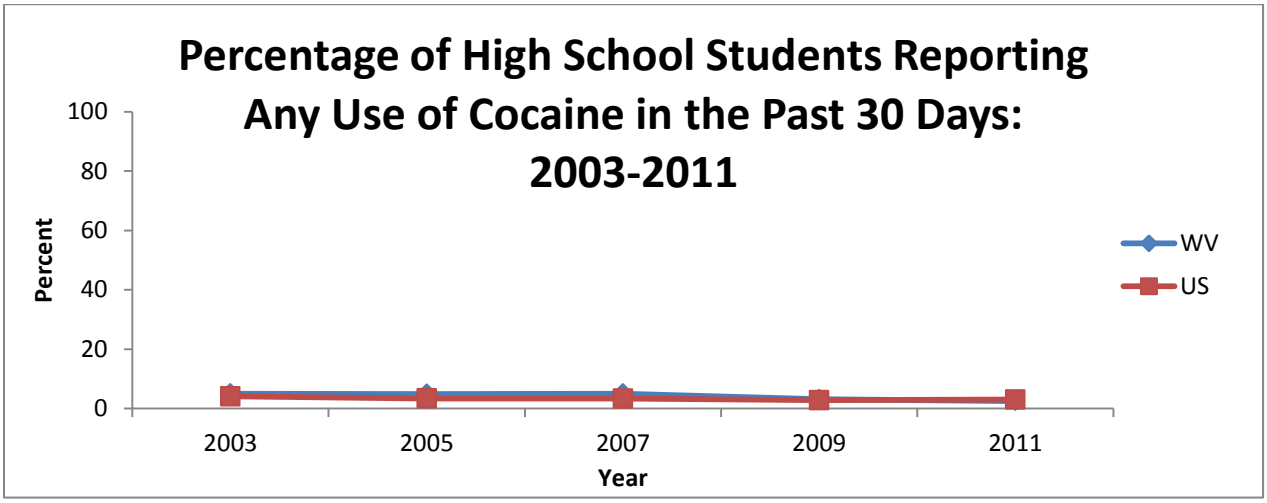


Percentage of Illicit Drug Use Other than Marijuana in the Past Month Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	4.9	4.6	4.6	4.5	4.5	4.3
18-25	11.2	10.6	9.1	8.1	8.2	7.5
26 and older	3.4	3.2	2.5	2.6	2.7	2.5
12 and older	**4.4**	**4.2**	**3.5**	**3.5**	**3.6**	**3.3**

Source: NSDUH

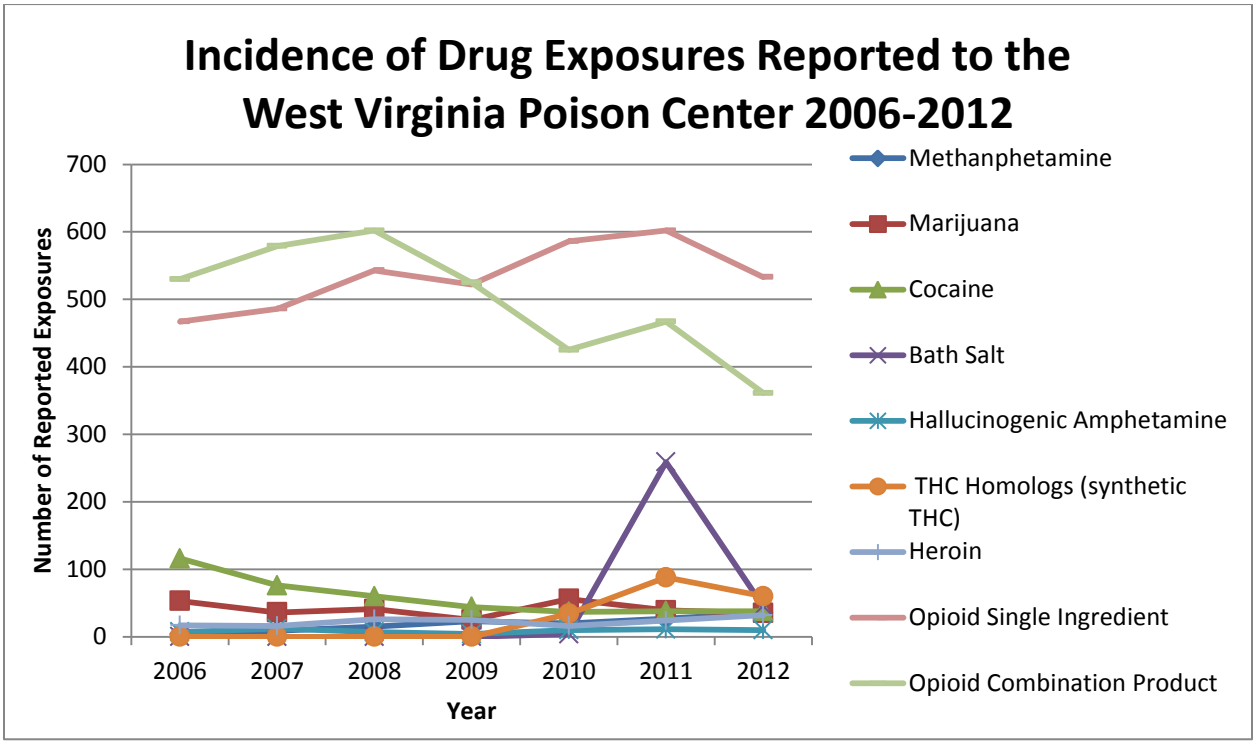
Note: Illicit Drugs Other Than Marijuana includes cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. The 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Male high school students (3.8%) in West Virginia reported a significantly higher percentage of use of cocaine in the last 30 days than female high school students (1.2%) in 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Cocaine in the Past 30 Days by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	5.0	4.7	5.4	5.7	3.3	3.9	6.6
2005	4.9	5.7	4.2	6.4	5.1	3.8	4.1
2007	5.0	4.6	5.3	3.7	5.1	5.9	5.5
2009	3.1	3.6	2.2	2.4	3.3	2.8	3.8
2011	2.5	3.8	1.2	2.8	1.5	2.6	3.5
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	4.1	4.6	3.5	3.6	3.7	4.1	4.7
2005	3.4	4.0	2.8	3.0	3.1	3.6	3.8
2007	3.3	4.0	2.5	2.7	3.2	2.9	4.4
2009	2.8	3.5	2.0	2.3	2.5	3.3	3.0
2011	3.0	4.1	1.8	2.8	3.0	3.0	3.0
Source: YRBS							

In 2010, single ingredient opioid became the leading drug exposure reported to the West Virginia Poison Center. In 2011 there was a spike in reports of bath salt exposures. Heroin exposures are rising in 2013, there were already 42 incidences reported in early September 2013 (there were 32 reported exposures for heroin in 2012).



Incidence of Methamphetamine Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Methamphetamine Exposures	4	9	15	23	20	27	35
<= 5 Years	0	0	1	4	1	5	6
6-12 Years	1	0	1	1	0	5	2
13-19 Years	0	0	1	1	3	4	5
>=20 Years	3	8	11	15	14	13	21
Seen in a Healthcare Facility	4	9	11	18	18	25	31
Minor Effect	1	2	2	2	4	4	5
Moderate Effect	0	5	3	5	6	7	7
Major Effect	0	0	3	1	0	0	0
Death	0	0	0	0	0	0	0

Incidence of Marijuana Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Marijuana Exposures	53	36	41	25	56	39	35
<= 5 Years	1	1	1	0	2	0	0
6-12 Years	2	0	0	0	0	0	0
13-19 Years	15	14	12	13	17	14	11
>=20 Years	34	21	28	12	37	25	24
Seen in a Healthcare Facility	43	32	40	19	50	37	33
Minor Effect	18	16	17	12	23	12	15
Moderate Effect	20	8	11	3	18	18	14

Major Effect	1	3	0	2	4	0	1
Death	2	0	0	0	0	0	0
Incidence of Cocaine Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Cocaine Exposures	116	76	60	44	37	38	38
<= 5 Years	1	0	3	1	1	1	0
6-12 Years	0	0	0	0	0	0	0
13-19 Years	8	5	5	3	0	1	0
>=20 Years	107	71	51	40	35	36	38
Seen in a Healthcare Facility	106	71	55	41	33	34	35
Minor Effect	29	21	17	21	8	11	13
Moderate Effect	49	34	18	12	13	15	17
Major Effect	13	4	5	2	1	3	1
Death	2	2	1	2	1	0	0
Incidence of Bath Salt Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Bath Salt Exposures	0	0	0	0	4	259	45
<= 5 Years	0	0	0	0	0	0	0
6-12 Years	0	0	0	0	0	0	0
13-19 Years	0	0	0	0	1	26	9
>=20 Years	0	0	0	0	3	231	36
Seen in a Healthcare Facility	0	0	0	0	3	226	40
Minor Effect	0	0	0	0	1	33	8
Moderate Effect	0	0	0	0	2	147	25
Major Effect	0	0	0	0	0	8	5
Death	0	0	0	0	0	1	0
Incidence of Hallucinogenic Amphetamine Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Hallucinogenic Amphetamine Exposures	7	12	7	4	10	11	10
<= 5 Years	0	0	0	0	0	0	0
6-12 Years	1	0	0	0	0	0	0
13-19 Years	3	4	0	2	3	6	3
>=20 Years	3	7	7	2	7	5	7
Seen in a Healthcare Facility	6	11	7	4	8	9	7
Minor Effect	1	2	1	1	2	4	0
Moderate Effect	4	4	2	3	4	3	5
Major Effect	0	1	1	0	1	1	0
Death	0	1	0	0	0	0	0
Incidence of THC Homologs (synthetic THC) Exposures Reported to the West Virginia Poison Center 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
THC Homologs (synthetic THC) Exposures	0	0	0	0	34	88	60
<= 5 Years	0	0	0	0	0	0	1
6-12 Years	0	0	0	0	0	1	1
13-19 Years	0	0	0	0	18	40	18

>=20 Years	0	0	0	0	16	46	39
Seen in a Healthcare Facility	0	0	0	0	27	86	59
Minor Effect	0	0	0	0	12	30	18
Moderate Effect	0	0	0	0	12	49	26
Major Effect	0	0	0	0	0	0	1
Death	0	0	0	0	0	0	0

Incidence of Heroin Exposures Reported to the West Virginia Poison Center 2006-2012

	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Heroin Exposures*	17	16	26	25	16	24	32
<= 5 Years	0	0	0	0	0	0	0
6-12 Years	0	0	0	0	0	0	0
13-19 Years	3	2	3	2	0	0	3
>=20 Years	14	14	23	23	16	24	29
Seen in a Healthcare Facility	16	16	25	23	16	22	32
Minor Effect	5	6	10	6	3	4	7
Moderate Effect	4	2	5	8	5	12	13
Major Effect	4	2	3	3	1	3	7
Death	1	0	0	1	1	0	0

Incidence of Opioid Single Ingredient Exposures Reported to the West Virginia Poison Center 2006-2012

	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Opioid Single Ingredient Exposures**	467	486	543	522	586	602	533
<= 5 Years	41	46	65	68	63	65	64
6-19 Years	36	58	62	50	40	51	36
>=20 Years	385	374	408	402	479	485	432
Seen in a Healthcare Facility	363	395	460	444	474	509	442
Minor Effect	101	112	144	153	176	158	162
Moderate Effect	152	108	123	102	154	199	158
Major Effect	47	40	31	41	44	30	41
Death	7	6	20	11	4	7	6

Incidence of Opioid Combination Product Exposures Reported to the West Virginia Poison Center 2006-2012

	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Opioid Combination Product Exposures***	530	579	602	525	425	467	361
<= 5 Years	37	60	59	47	26	10	25
6-19 Years	57	78	75	70	41	36	28
>=20 Years	439	436	458	404	358	403	307
Seen in a Healthcare Facility	402	458	463	437	332	381	307
Minor Effect	169	165	182	183	133	146	127
Moderate Effect	120	137	90	94	97	134	99
Major Effect	18	24	28	32	23	16	14
Death	2	2	10	4	5	6	1

Source: West Virginia Poison Center

Note: Exposures are limited to only those that are directly reported to WV Poison Center. Values displayed are based on intake and follow up of the WV Poison Center staff; not all subcategories are reported for every exposure.

*Already have 24 incidences of heroin exposures reported by mid-April 2013.

**Opioid is the only drug in the drug product.

*** Includes hydrocodone as all hydrocodone products are combination products (e.g., Lortab, Vicodin); includes oxycodone combination products (e.g., Percocet, Percodan): all other combination opiate products excluding cough/cold products (usually liquids)

The West Virginia Prescription Drug Abuse Quitline received 302 reports of prescription abuse in 2012. The top five drugs reported to the Quitline are listed in the table below. The leading prescription drug was oxycodone (31.8%).

Top Five Primary Substance Prescription Drugs Reported to the West Virginia Prescription Drug Abuse Quitline in 2012

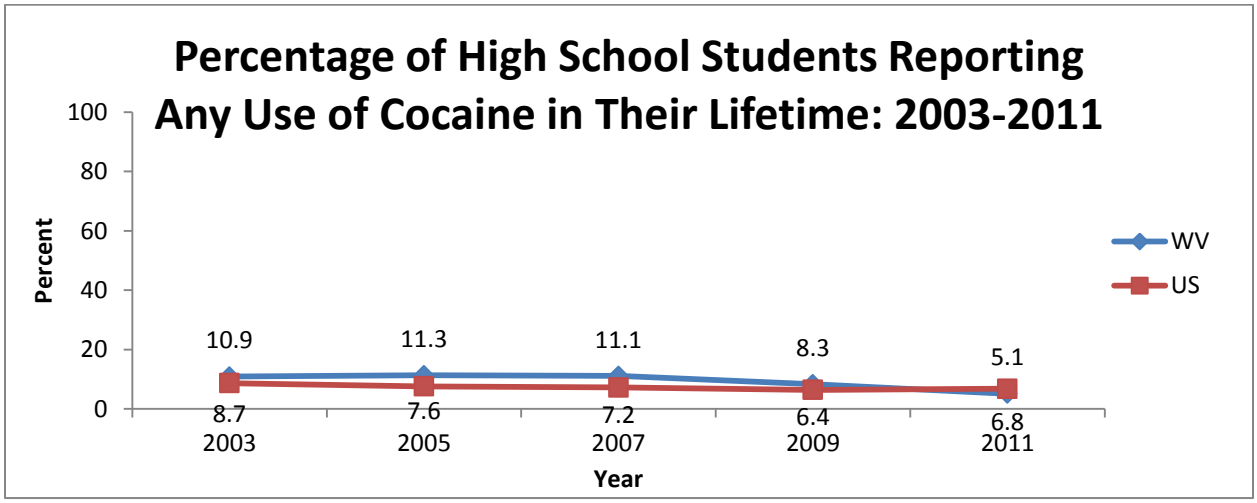
Drug Name	Drug Class	Brand Names /Street Names	Total % Reported Drugs Used	# of Callers
Oxycodone	Opioid	Oxycontin, Tylox, Percodan, Percocet, Combunox	31.8%	96
Hydrocodone	Opioid	Loret, Lortab, Norco, Vicoprofen, Vicodin	13.6%	41
Other / Anything Available	Opioid	Other	11.9%	36
Oxymorphone	Opioid	Opana	6.3%	19
Alprazolam	Benzodiazepine	Xanax	4.3%	13

Source: West Virginia Prescription Drug Abuse Quitline

Lifetime Use

Indicator Description: This indicator describes the lifetime drug consumption of youths as well as examines the sales of prescription drugs in the state for all ages.
Why Indicator is Important: This indicator examines a variety of lifetime drug consumption: cocaine, inhalants, heroin, methamphetamine, ecstasy, steroid, prescription drug, drug injections, and pain relievers. Analysis of lifetime use assists in the assessment of which drugs are a burden in West Virginia. This information is especially important for prevention efforts to reduce the impacts of drugs in society.

West Virginia had a significantly lower rate of lifetime use of cocaine (5.1%) among high school students compared to the nation (6.8%) in 2011. However, in 2005-2009 West Virginia high school students had a significantly higher rate of lifetime use of cocaine among high school students compared to the nation. Male high school students (7%) in West Virginia reported a significantly higher percentage of lifetime use of cocaine than female high school students (3.1%) in 2011. Students in the 12th grade were significantly more likely to have reported lifetime use of cocaine than students in the 9th and 10th grades in West Virginia (YRBS).

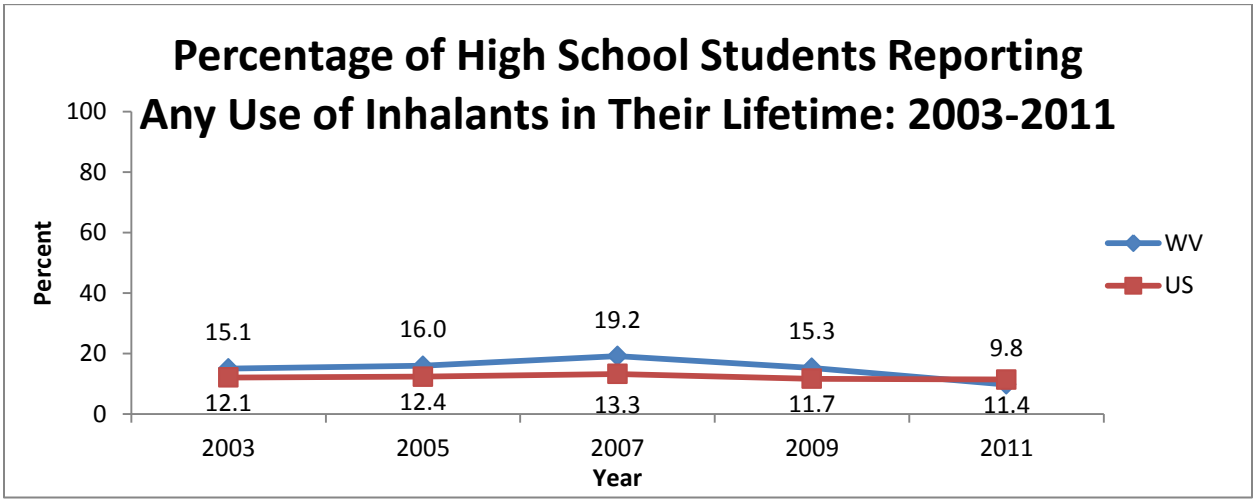


Percentage of High School Students Reporting Any Use of Cocaine in Their Lifetime by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	10.9	9.8	12.1	10.1	9.2	9.9	14.3
2005	11.3	11.5	10.8	11.4	10.3	10.9	13.5
2007	11.1	11.8	10.2	7.1	10.3	13.3	15.1
2009	8.3	9.2	7.0	7.0	5.8	8.5	12.5
2011	5.1	7.0	3.1	4.0	3.7	5.4	7.8
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	8.7	9.5	7.7	6.8	8.5	9.0	10.5
2005	7.6	8.4	6.8	6.0	7.2	8.7	8.9
2007	7.2	7.8	6.5	4.8	7.2	7.7	9.5
2009	6.4	7.3	5.3	4.5	5.6	7.7	7.9
2011	6.8	7.9	5.7	5.0	6.5	7.5	8.5

Source: YRBS

Note: Cocaine includes: cocaine powder, crack, or freebase.

High school students in West Virginia reported a significantly higher rate of use of inhalants in their lifetime from 2005-2009 compared to the United States. There was no significant difference in 2011 (YRBS).

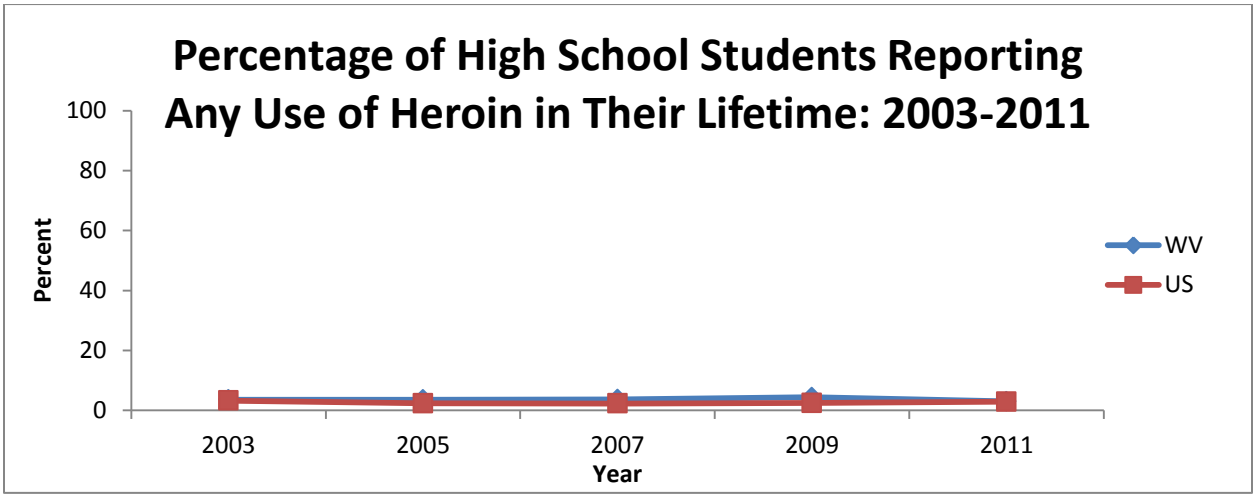


Percentage of High School Students Reporting Any Use of Inhalants in Their Lifetime by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	15.1	15.1	15.2	16.1	16.1	13.7	12.3
2005	16.0	14.5	17.5	21.1	16.5	14.6	10.8
2007	19.2	16.2	22.0	19.9	17.9	19.5	19.4
2009	15.3	13.7	16.2	13.7	16.5	15.1	15.1
2011	9.8	10.2	9.3	11.0	8.7	7.9	11.5
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	12.1	12.6	11.4	13.6	11.1	11.0	11.8
2005	12.4	11.3	13.5	14.1	13.2	11.4	10.1
2007	13.3	12.4	14.3	15.0	14.6	12.5	10.2
2009	11.7	10.6	12.9	13.0	12.5	11.5	9.1
2011	11.4	10.5	12.3	12.7	11.8	11.1	9.3

Source: YRBS

Notes: Inhalants include: sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paint sprays

High school students in West Virginia reported a significantly higher rate of lifetime use of heroin compared to the national rate from 2005-2009. There was no significant difference in 2011. Male high school students (4.3%) in West Virginia reported a significantly higher percentage of use of heroin in their lifetime than females (1.6%) in 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Heroin in Their Lifetime by Gender and Grade: 2003-2011

West Virginia

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	3.6	4.2	3.0	3.9	3.7	0.7	4.7
2005	3.6	4.8	2.4	3.8	4.2	2.6	4.2
2007	3.7	4.7	2.5	3.0	2.9	4.7	4.5
2009	4.4	4.8	3.2	2.6	3.6	4.8	6.3
2011	3.0	4.3	1.6	2.5	1.3	4.3	4.0

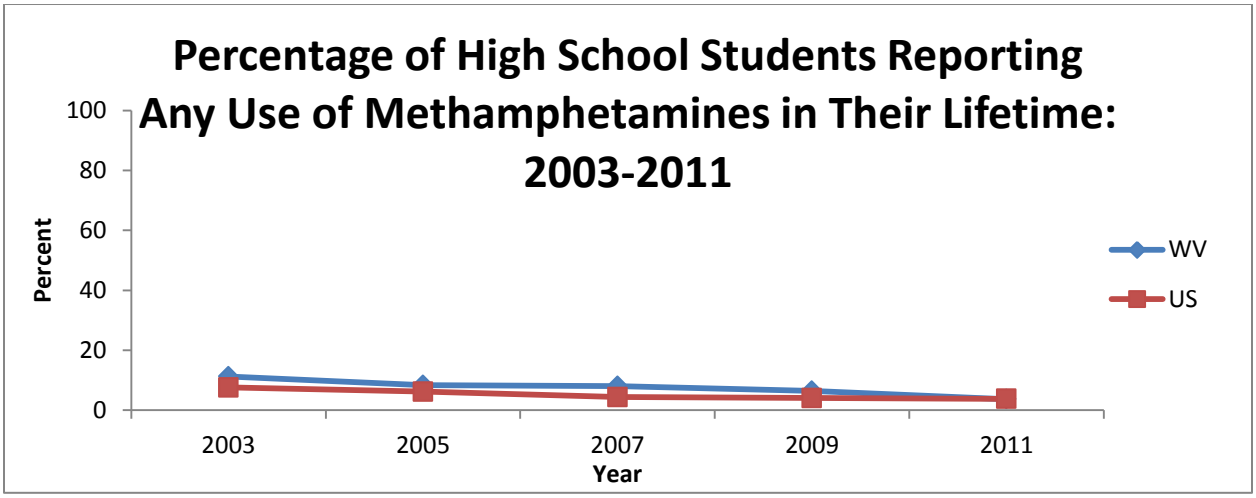
United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	3.3	4.3	2.0	3.5	2.9	3.0	2.9
2005	2.4	3.3	1.4	2.8	2.5	1.8	2.0
2007	2.3	2.9	1.6	2.6	1.8	1.8	2.6
2009	2.5	3.2	1.7	2.1	2.2	3.2	2.5
2011	2.9	3.9	1.8	2.9	2.8	2.8	2.7

Source: YRBS

Notes: Heroin is also called “smack”, “junk”, or “China white”.

High school students in West Virginia had a significantly higher reported use of methamphetamines in their lifetime than the nation from 2003 to 2009, however there was no significant difference in 2011. Male high school students (5%) in West Virginia reported a significantly higher percentage of using methamphetamines in their lifetime than female high school students (2.3%) in 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Methamphetamines in Their Lifetime by Gender and Grade: 2003-2011

West Virginia

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	11.3	11.4	11.2	10.1	12.8	11.4	10.9
2005	8.4	7.6	9.2	9.8	8.4	9.3	6.0
2007	8.1	7.8	8.3	5.6	7.7	9.2	10.2
2009	6.5	6.9	5.5	4.0	7.4	7.1	7.9
2011	3.7	5.0	2.3	2.7	3.5	3.8	5.1

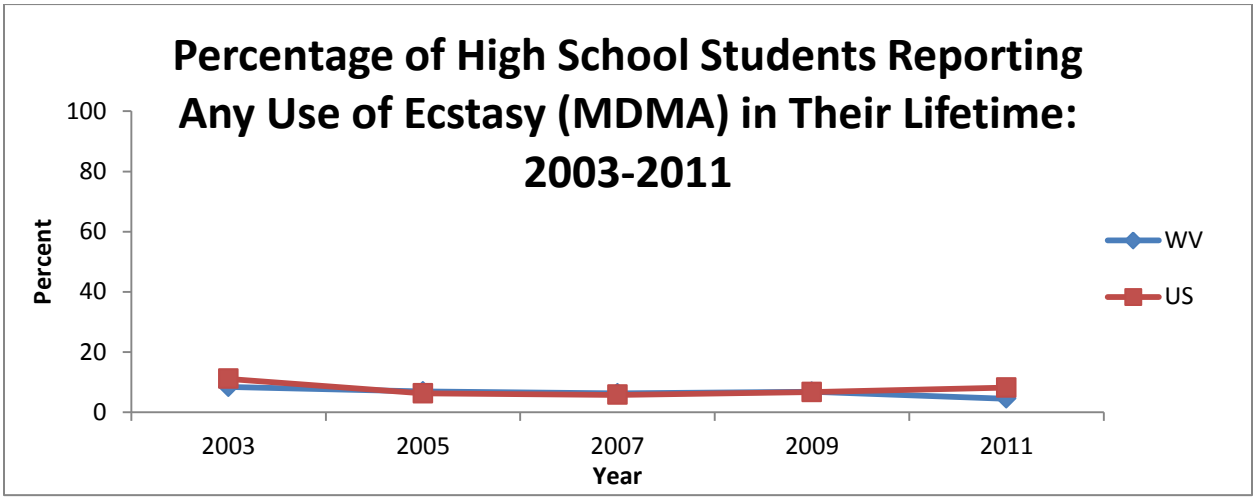
United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	7.6	8.3	6.8	6.7	7.5	8.0	8.0
2005	6.2	6.3	6.0	5.7	5.9	6.7	6.4
2007	4.4	4.6	4.1	3.6	4.1	5.4	4.5
2009	4.1	4.7	3.3	3.3	3.7	5.2	4.1
2011	3.8	4.5	3.0	3.2	3.7	4.1	4.1

Source: YRBS

Notes: Methamphetamine is also called “speed”, “crystal”, “crank”, or “ice”.

High school students (4.5%) in West Virginia reported a significantly lower percentage of using ecstasy in their lifetime compared to those in the United States (8.2%) in 2011. Male high school students (6.1%) in West Virginia reported a significantly higher percentage of using ecstasy in their lifetime than female high school students (2.8%) in 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Ecstasy (MDMA) in Their Lifetime by Gender and Grade: 2003-2011

West Virginia

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	8.4	8.0	8.7	4.4	7.1	6.1	16.5
2005	6.9	8.2	5.6	8.3	5.5	7.8	6.6
2007	6.3	7.5	4.9	3.9	6.4	7.6	7.4
2009	6.8	7.3	5.8	3.5	6.2	8.2	9.4
2011	4.5	6.1	2.8	4.2	3.4	5.2	5.4

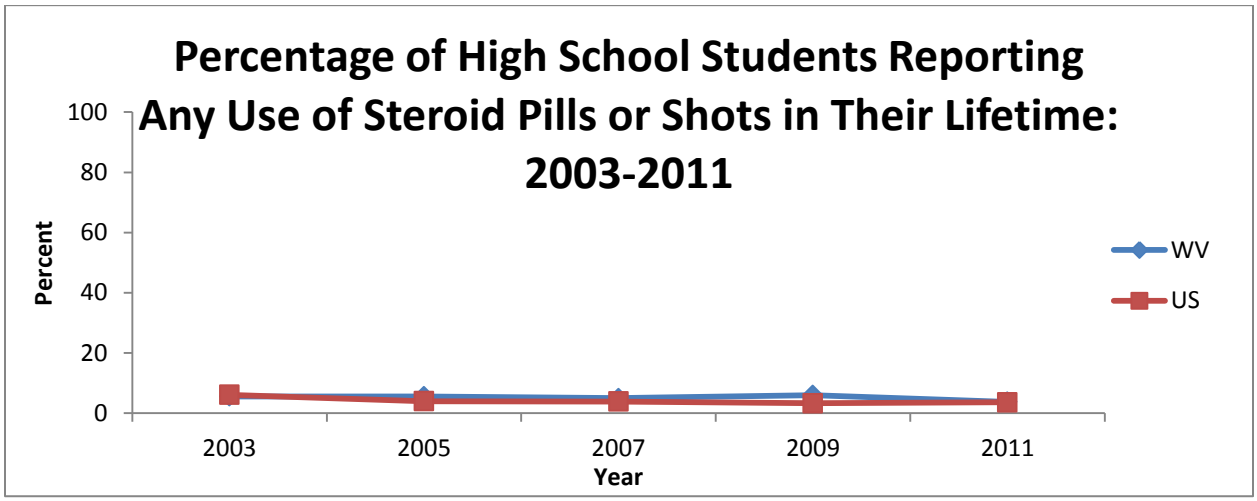
United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	11.1	11.6	10.4	10.9	9.0	11.4	12.8
2005	6.3	7.2	5.3	5.8	6.0	6.5	6.7
2007	5.8	6.7	4.8	4.6	5.3	5.6	7.6
2009	6.7	7.6	5.5	4.9	5.2	8.7	8.0
2011	8.2	9.8	6.5	5.2	7.7	9.2	11.3

Source: YRBS

Notes: Ecstasy is also called “MDMA”.

Male high school students (6.3%, 2011) in West Virginia reported a significantly higher percentage of using steroid pills or shots in their lifetime than female high school students (1.1%, 2011) from 2007 to 2011 (YRBS).



Percentage of High School Students Reporting Any Use of Steroid Pills or Shots in Their Lifetime by Gender and Grade: 2003-2011

West Virginia

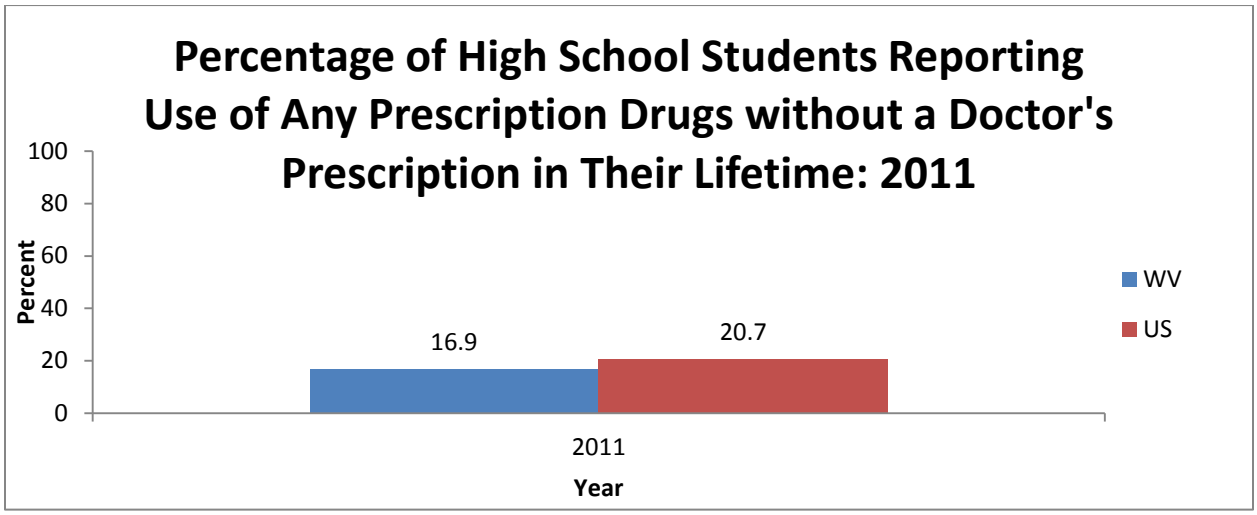
Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	5.6	7.3	3.7	6.7	7.4	3.3	3.8
2005	5.6	7.3	4.0	8.6	4.6	4.1	4.4
2007	5.0	6.8	3.0	5.8	5.3	4.6	3.8
2009	6.0	7.4	4.1	3.3	5.7	8.2	7.1
2011	3.8	6.3	1.1	3.9	2.4	3.3	5.6

United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	6.1	6.8	5.3	7.1	6.1	5.6	4.9
2005	4.0	4.8	3.2	4.8	3.9	3.7	3.3
2007	3.9	5.1	2.7	4.8	3.7	3.1	3.8
2009	3.3	4.3	2.2	3.2	3.4	3.4	3.1
2011	3.6	4.2	2.9	4.2	3.2	3.7	2.8

Source: YRBS

High school students (16.9%) in West Virginia reported a significantly lower percentage of using any prescription drug without a doctor's prescription in their lifetime than the United States (20.7%) in 2011. Males in West Virginia and in the United States reported a higher rate of using any prescription drug without a doctor's prescription in their lifetime than females (YRBS).

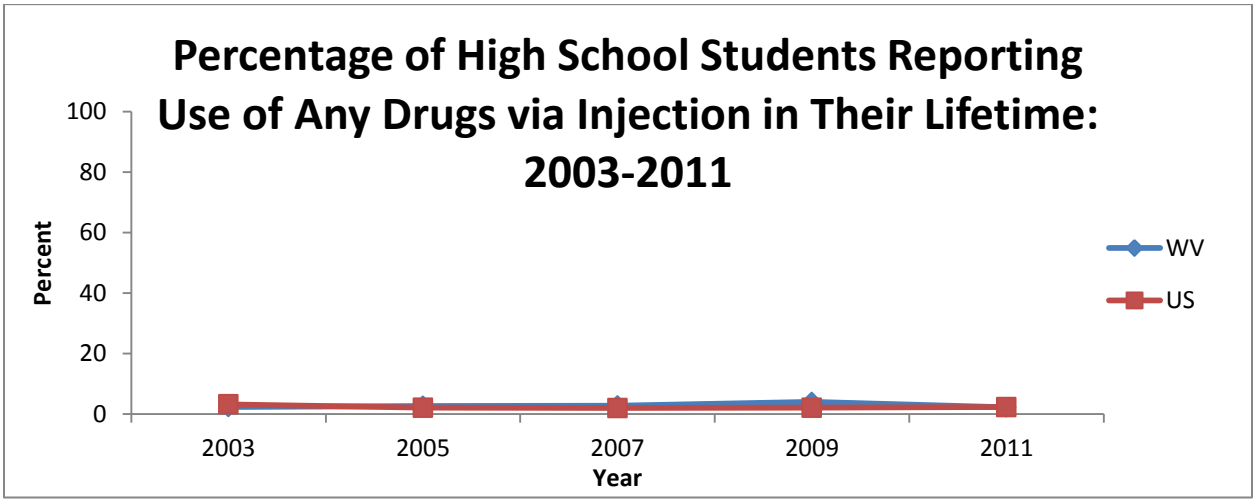


Percentage of High School Students Reporting Use of Any Prescription Drugs without a Doctor's Prescription in Their Lifetime by Gender and Grade: 2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2011	16.9	18.6	15.2	16.8	13.5	17.2	20.9
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2011	20.7	21.5	19.8	16.5	18.2	23.3	25.6

Source: YRBS

Notes: Prescription Drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.

Male high school students (3.4%) in West Virginia reported a significantly higher percentage of use of any drugs via injection in their lifetime than female high school students (0.9%) in 2011 (YRBS).



Percentage of High School Students Reporting Use of Any Drugs via Injection in Their Lifetime by Gender and Grade: 2003-2011

West Virginia

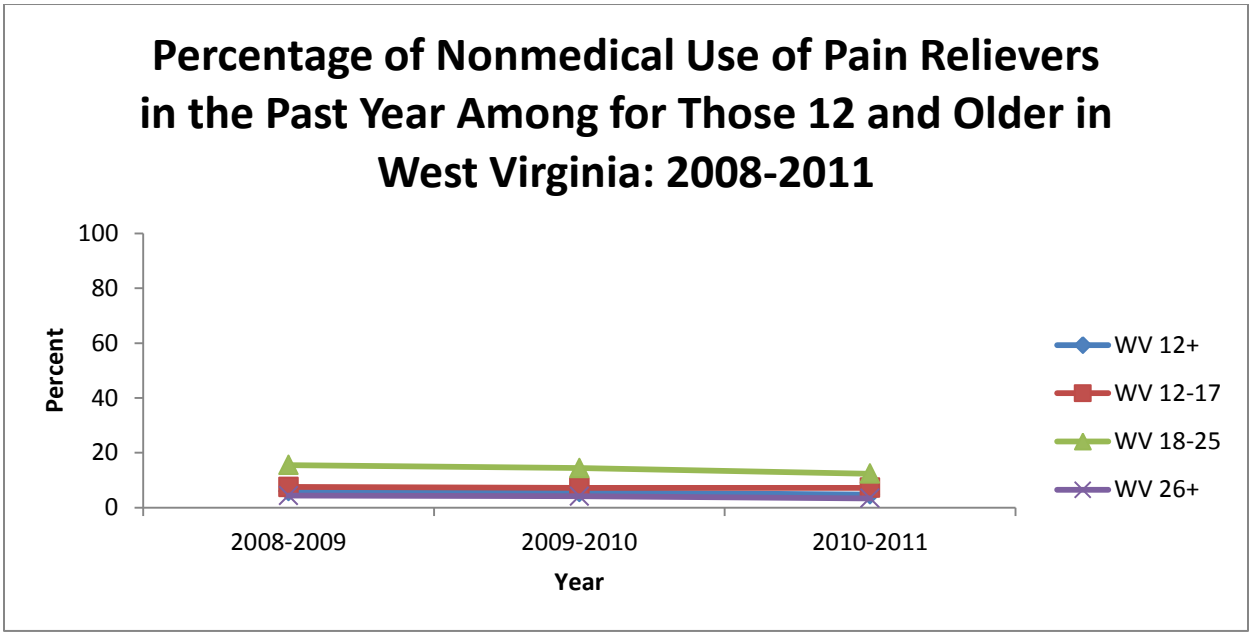
Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	2.3	3.1	1.4	2.6	1.7	0.4	3.4
2005	2.7	3.3	2.1	4.4	3.8	0.4	1.8
2007	2.8	3.2	2.2	2.8	3.1	3.0	1.8
2009	4.0	4.5	3.3	2.5	4.0	3.3	6.6
2011	2.2	3.4	0.9	1.5	1.6	1.6	4.1

United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	3.2	3.8	2.5	3.2	3.2	2.8	3.0
2005	2.1	3.0	1.1	2.4	2.3	1.7	1.7
2007	2.0	2.6	1.3	2.0	1.4	1.9	2.4
2009	2.1	2.7	1.4	2.0	2.0	2.5	1.8
2011	2.3	2.9	1.6	2.1	2.3	2.4	2.2

Source: YRBS

The reported nonmedical use of pain relievers in the past year was highest among those aged 18-25 from 2008-2011 compared to those aged 12-17 and 26 and older in both the United States and West Virginia. West Virginia has had a higher reported rate of nonmedical pain reliever use in the past year among those 12 and older than the United States from 2008-2011 (NSDUH).

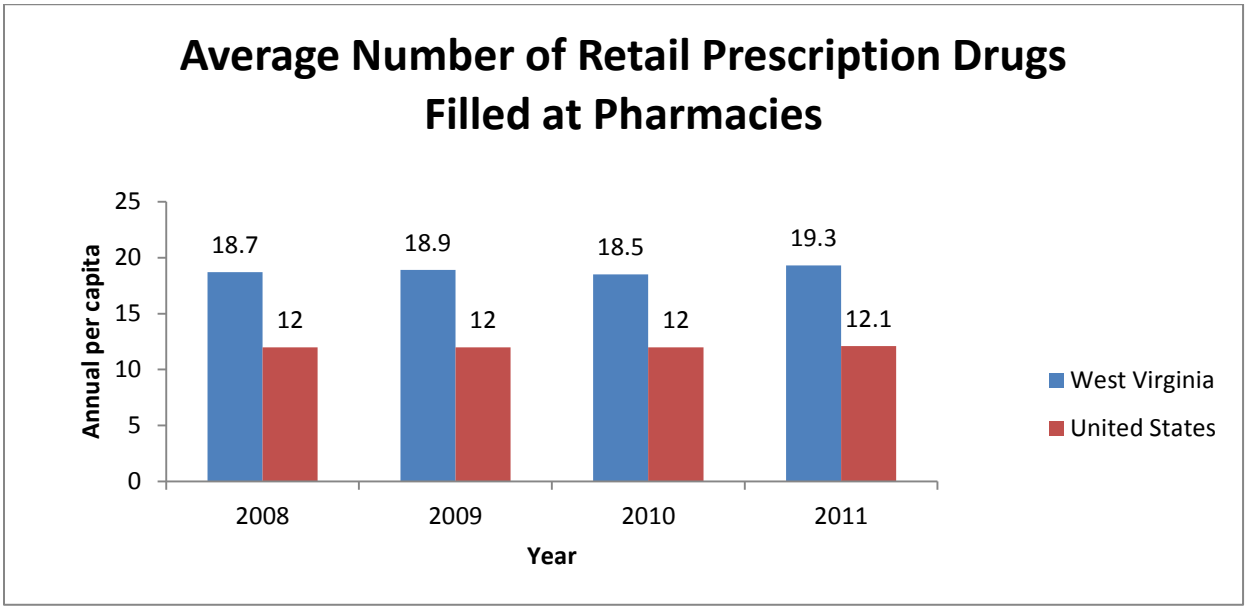


Nonmedical Use of Pain Relievers in the Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	7.5	7.3	7.2	6.6	6.4	6.1
18-25	15.5	14.4	12.3	12.0	11.5	10.4
26 and older	4.4	4.1	3.4	3.4	3.5	3.4
12 and older	**5.9**	**5.6**	**4.8**	**4.9**	**4.9**	**4.6**

Source: NSDUH

Note: The 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

West Virginia has had a higher annual per capita of retail prescription drugs filled at pharmacies compared to the national annual per capita from 2008-2011 (State Health Facts).



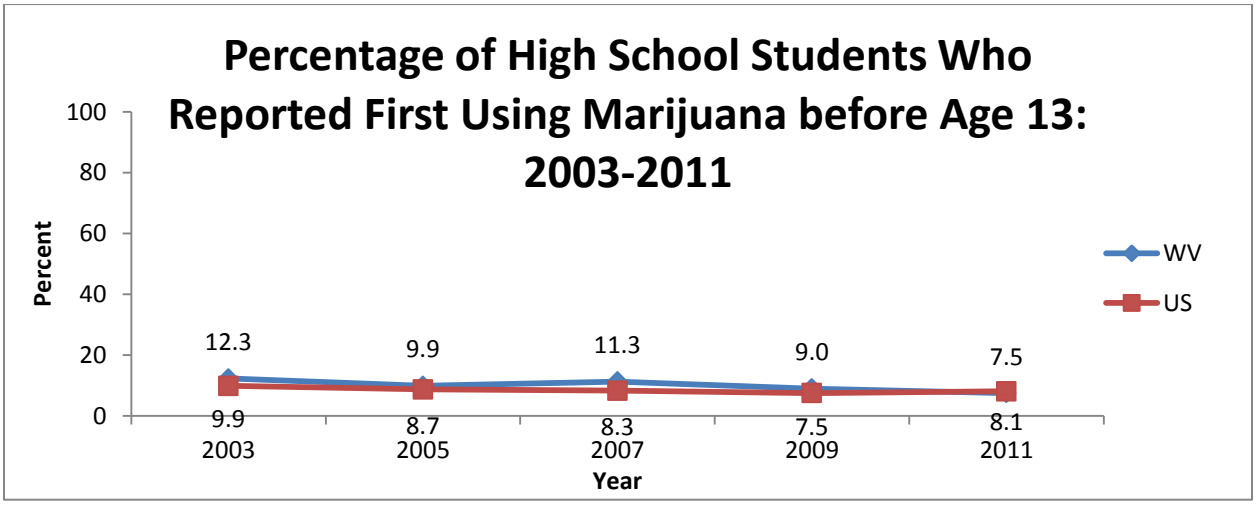
Average Number of Retail Prescription Drugs Filled at Pharmacies (Annual Per Capita)				
	2008	**2009**	**2010**	**2011**
West Virginia	18.7	18.9	18.5	19.3
Age 0-18	6.0	6.3	6.0	6.0
Age 19-64	17.4	18.4	18.3	19.4
Age 65+	41.9	38.7	36.4	37.3
United States	12	12	12	12.1
Age 0-18	3.8	3.9	3.8	4.1
Age 19-64	11.6	11.3	11.3	11.9
Age 65+	30.1	31.2	31.1	28.0
Source: State Health Facts				

Age of Initial Use

Indicator Description: This indicator captures the percentage of students who reported their initial use of marijuana before the age of 13.

Why Indicator is Important: According to SAMHSA's Office of Applied Studies (OAS), those who reported that their first use of marijuana was before the age of 12 were twice as likely to have serious mental health illness in the past year compared to those who initiated marijuana use when they were 18 or older. Marijuana is one of the most commonly used illicit drugs. This indicator can help better inform intervention efforts.

Male high school students in West Virginia reported a significantly higher percentage (10.6%) of first use of marijuana before the age of 13 than female high school students (4.3%) (YRBS).



Percentage of High School Students Who Reported First Using Marijuana before Age 13 by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	12.3	13.6	10.9	10.7	9.5	10.8	18.9
2005	9.9	12.8	6.8	12.6	11.2	8.0	7.1
2007	11.3	15.6	6.6	13.8	12.2	9.1	9.0
2009	9.0	10.5	7.0	11.8	9.2	9.6	4.6
2011	7.5	10.6	4.3	11.4	7.0	5.8	5.2
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	9.9	12.6	6.9	11.7	10.8	8.1	7.8
2005	8.7	11.0	6.3	11.2	9.1	7.1	6.2
2007	8.3	11.2	5.2	9.8	8.7	7.2	6.6
2009	7.5	9.7	5.0	9.1	8.3	6.5	5.2
2011	8.1	10.4	5.7	9.7	7.5	7.6	7.0
Source: YRBS							

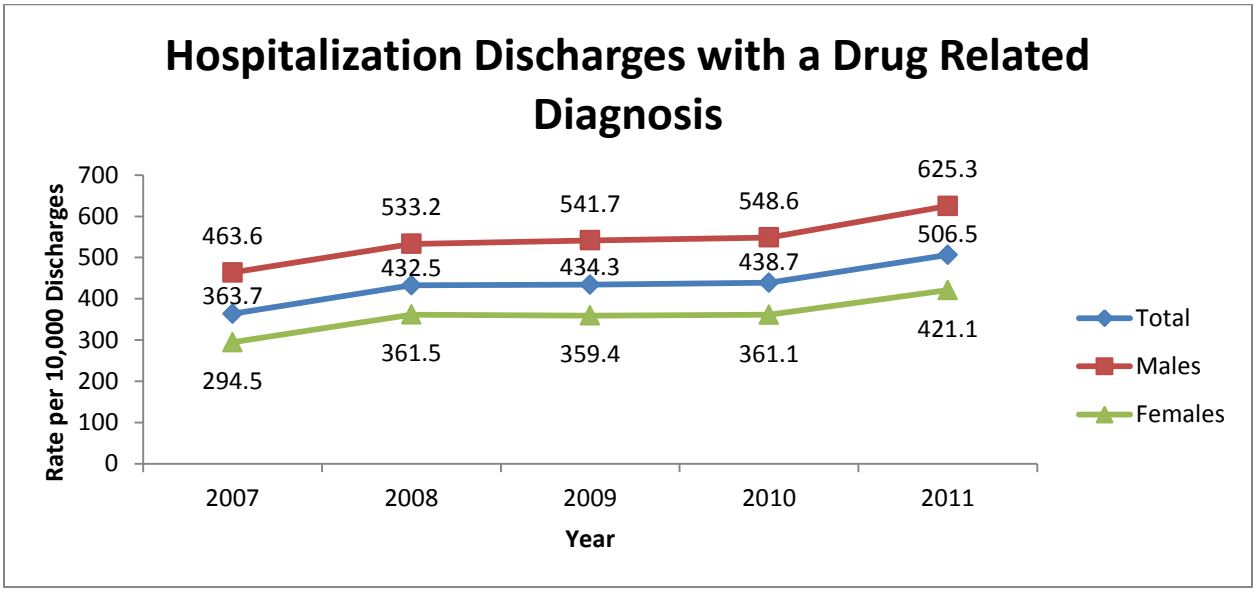
Drug Consequences

Drug Related Morbidity

Indicator Description: This indicator includes hospitalization discharge rates for drug related diagnosis. Also, it includes rate for hepatitis C and HIV/AIDS.

Why Indicator is Important: Frequent drug use can lead to hospitalizations for various drug related conditions including: drug psychoses, dependence, poisoning, withdrawal, to name a few. It is also important to examine the rate of hepatitis B and C and HIV/AIDS which can be transmitted through contaminated needles or other equipment used to inject drugs as well as through unsafe sex. This indicator can be used to gain a better understanding of the problems associated with drug abuse to assist prevention efforts.

Discharges with a drug related diagnosis have steadily increased from 363.7 per 10,000 discharges in 2007 to 506.5 per 10,000 discharges in 2011. Males have had a higher rate per 10,000 discharges with a drug related diagnosis from 2007-2011 (UB).

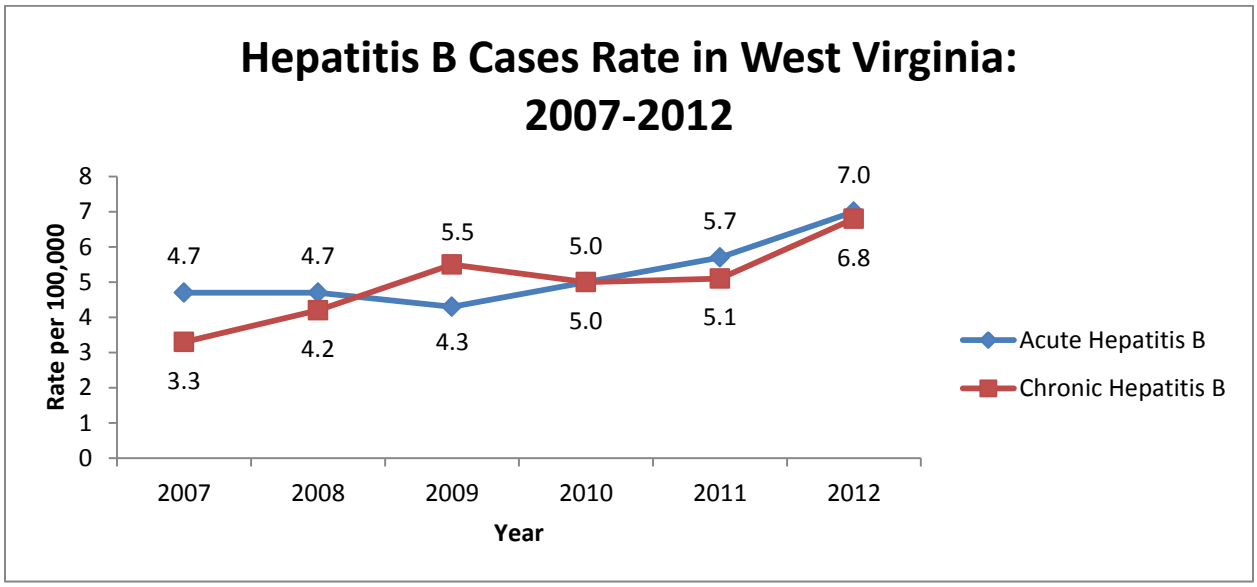


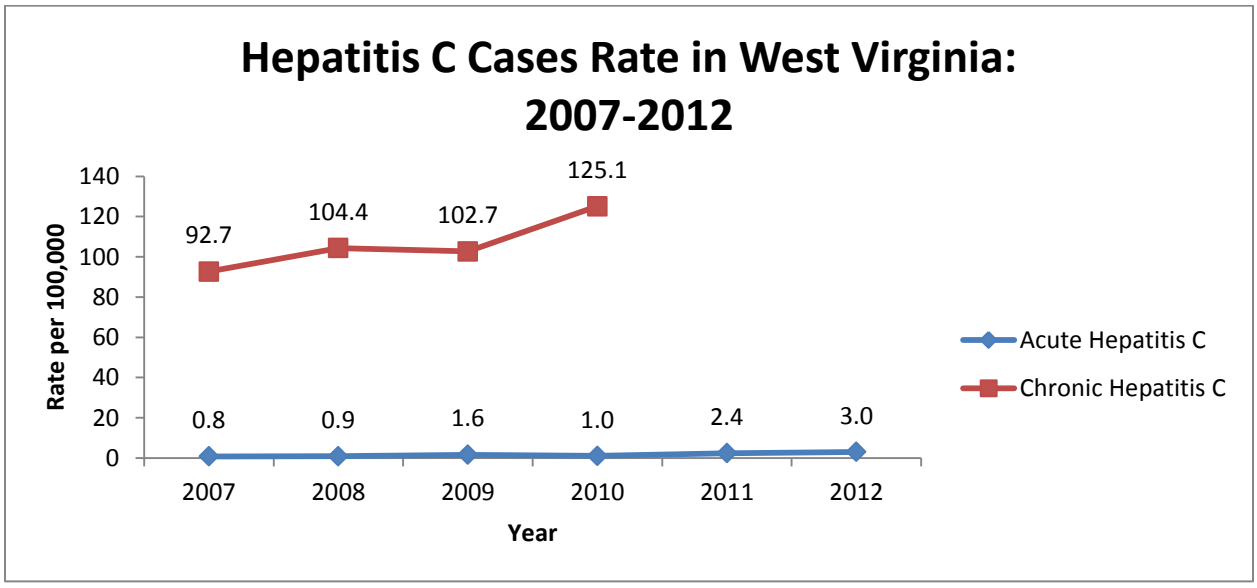
Hospitalization Discharges with a Drug Related Diagnosis: 2007-2011					
	2007	**2008**	**2009**	**2010**	**2011**
Total Number of Alcohol Related Discharges	9,353	11,262	11,171	11,234	13,110
Total Number of Discharges	257,180	260,367	257,217	256,074	258,834
Total Rate per 10,000 Discharges	363.7	432.5	434.3	438.7	506.5
Total # of Alcohol Related Discharges for Males	4,875	5,750	5,726	5,819	6,743
Total Number of Discharges for Males	105,152	107,834	105,699	106,073	107,842
Rate per 10,000 Discharges for Males	463.6	533.2	541.7	548.6	625.3
Total # of Alcohol Related Discharges for Females	4,476	5,512	5,444	5,415	6,357
Total Number of Discharges for Females	152,002	152,489	151,490	149,969	150,948
Rate per 10,000 Discharges for Females	294.5	361.5	359.4	361.1	421.1

Source: West Virginia Health Care Authority, Uniform Billing Database (UB)
Notes: ICD-9-CM all-listed diagnosis codes: 292, 304, 305.2-305.9, 357.6, 760.72, 760.73, 760.75, 779.5, 965.0, 967, 968.0, 969, 970, E850-E858, E863, E935.0-E935.2, E937-E940, E980. Statistics are based on hospitals that meet the definition of "community hospital" --

nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers. Excluded facilities are: are federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities. Some years of data have missing gender. Only West Virginia residences were included.

The rate per 100,000 population of acute hepatitis B and chronic hepatitis B has increased between the years 2007 to 2012 in West Virginia. The rate per 100,000 population of acute hepatitis C has more than tripled from 2007 to 2012 (0.8 in 2007 to 3 in 2012) in West Virginia. The rate of chronic hepatitis C increased between the years 2007 to 2010 in West Virginia. In 2012, 7% of reported HIV/AIDS cases in West Virginia were intravenous drug users (OEPS).





Acute Hepatitis B Cases in West Virginia 2007-2012						
	2007	**2008**	**2009**	**2010**	**2011**	**2012**
Number of cases	87	87	79	93	106	129
Rate per 100,000	4.7	4.7	4.3	5.0	5.7	7.0
Chronic Hepatitis B Cases in West Virginia 2007-2012						
	2007	**2008**	**2009**	**2010**	**2011**	**2012**
Number of cases	61	78	102	92	95	126
Rate per 100,000	3.3	4.2	5.5	5.0	5.1	6.8
Acute Hepatitis C Cases in West Virginia 2007-2012						
	2007	**2008**	**2009**	**2010**	**2011**	**2012**
Number of cases	15	16	29	19	44	55
Rate per 100,000	0.8	0.9	1.6	1.0	2.4	3.0
Chronic Hepatitis C Cases in West Virginia 2007-2012						
	2007	**2008**	**2009**	**2010**	**2011**	**2012**
Number of cases	1700	1921	1898	2320	NA	NA
Rate per 100,000	92.7	104.4	102.7	125.1		

Source: Office of Epidemiology and Prevention Services (OEPS), West Virginia Bureau for Public Health

Notes: Rates were calculated using the census population estimates for West Virginia (2007-2009 estimates use the intercensal estimates 2000-2010, and 2010-2012 estimates use vintage year 2012). 2011-2012 chronic hepatitis C numbers were not available at the time of publication.

HIV/AIDS Cases in West Virginia 2008-2012					
	2008	**2009**	**2010**	**2011**	**2012**
Total Number of HIV/AIDS Cases	89	89	86	96	71
Number of HIV/AIDS Cases that are Intravenous Drug Users	14	12	7	13	5
Percentage of HIV/AIDS Cases who are Intravenous Drug Users	15.7%	13.5%	8.1%	13.5%	7%

Source: Office of Epidemiology and Prevention Services (OEPS), West Virginia Bureau for Public Health

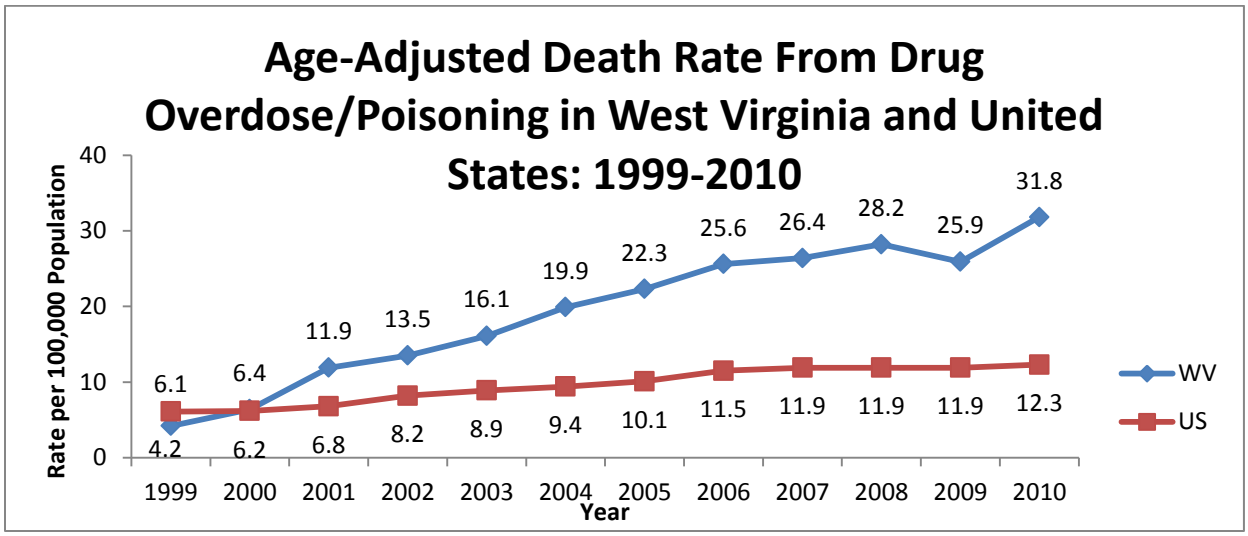
Notes: These are actual numbers of cases of HIV and/or AIDS that were reported to the West Virginia Bureau for Public Health as of December 31, 2012. No adjustments were made for reporting delays. Numbers include persons diagnosed with HIV infection (not AIDS), HIV infection and later AIDS, and concurrent diagnoses of HIV infection and AIDS. http://www.dhhr.wv.gov/oeps/std-hiv-hep/HIV_AIDS/Pages/HIVSurveillance.aspx

Drug Related Mortality

Indicator Description: This indicator addresses all of the drug related death rates in West Virginia from overdoses and poisoning, non-prescription drugs, and drug induced causes, HIV/AIDS, and hepatitis C.

Why Indicator is Important: According to the CDC more than 15,500 deaths are attributed to drug overdoses in the United States. This indicator is important because it measures the death rate from drug use and assists prevention efforts by indicating where the highest mortality risk exists.

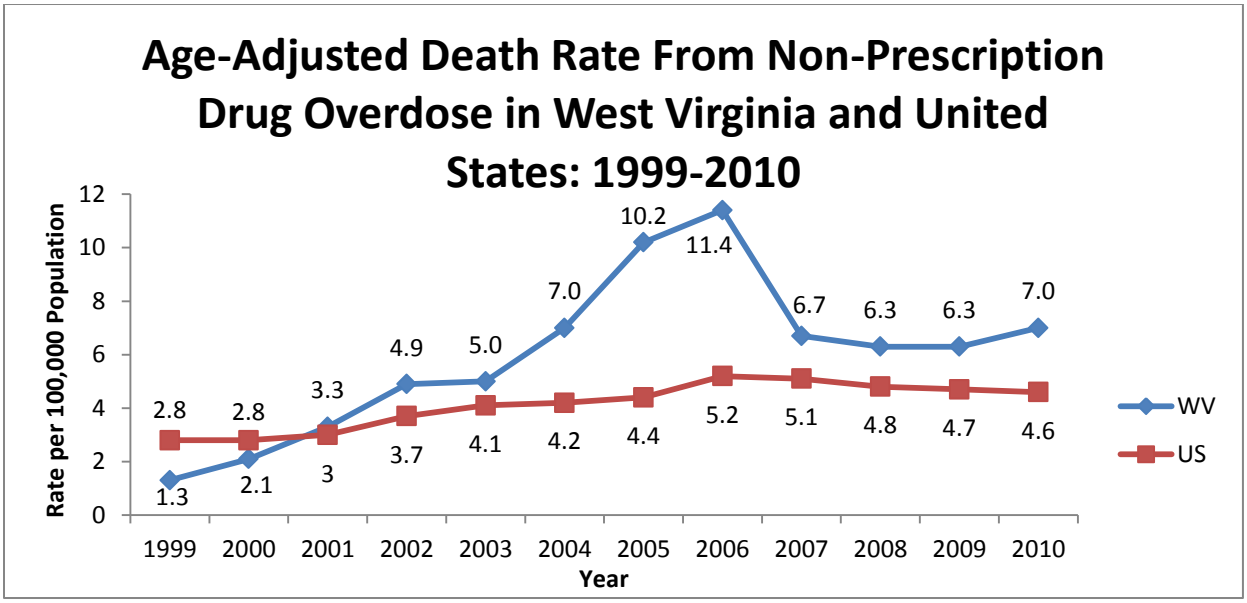
West Virginia has had higher age-adjusted death rates than the nation for drug overdoses and poisonings from 2000 to 2010. There was a significant increase in the death rate for West Virginia from drug overdoses and poisonings between 1999 and 2010; this was also true for males and females. Males have a significantly higher age-adjusted death rate than females from drug overdose and poisoning each year (1999-2009), but not significantly higher in 2010, and a significantly higher death rate for the combined years of 1999-2010 (VSS).



Age-Adjusted Death Rate Per 100,000 Population From Drug Overdose/Poisoning by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	2.9	5.6	4.2	3.9	8.2	6.1
2000	4.9	7.9	6.4	4.1	8.3	6.2
2001	8.5	15.5	11.9	4.6	9	6.8
2002	8.1	18.9	13.5	5.8	10.6	8.2
2003	10.1	22.1	16.1	6.4	11.5	8.9
2004	14.3	25.5	19.9	6.9	11.8	9.4
2005	15.9	28.7	22.3	7.3	12.8	10.1
2006	18.7	32.3	25.6	8.2	14.8	11.5
2007	19.3	33.4	26.4	8.8	14.9	11.9
2008	20.2	36.1	28.2	8.9	14.9	11.9
2009	18.7	33.2	25.9	9.1	14.8	11.9
2010	25.1	38.4	31.8	9.6	15	12.3
1999-2010	**13.8**	**24.8**	**19.3**	**7**	**12.3**	**9.7**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: X40–X44, X60–X64, X85, Y10–Y14

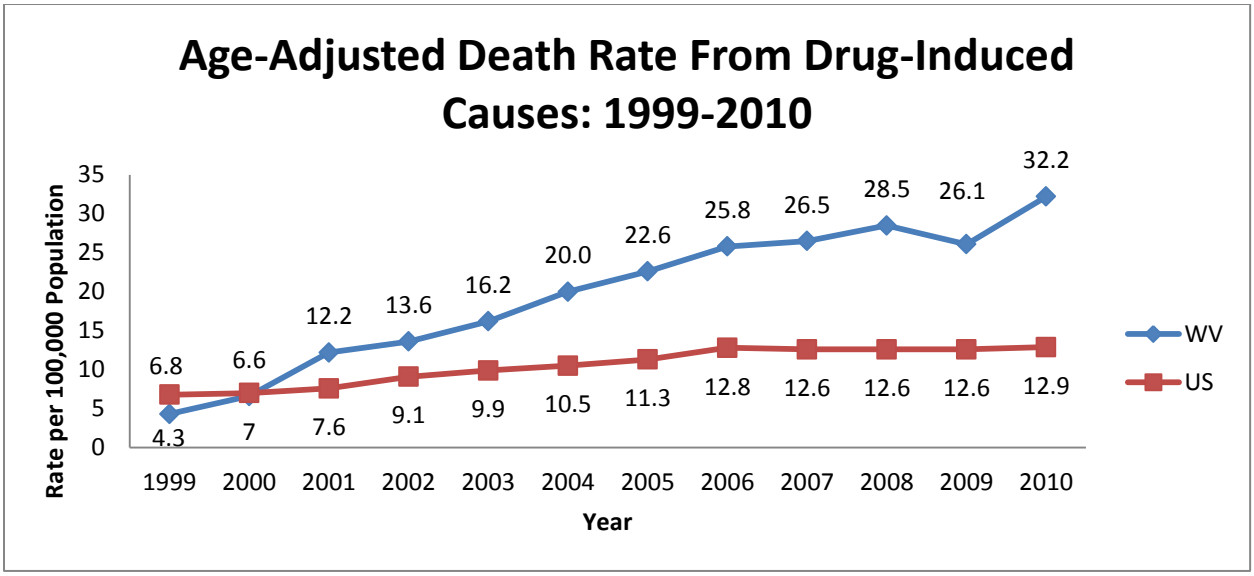
West Virginia has had a higher age-adjusted death rate for non-prescription drug overdoses than the United States since 2001. There was a significant increase between the death rate in 1999 to 2010 for West Virginia and for both genders. In West Virginia, males have had a significantly higher death rate for non-prescription drug overdoses than females from 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Non-Prescription Drug Overdose by Gender						
Year	**West Virginia**			**United States**		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
1999	1.0	1.6	1.3	1.2	4.4	2.8
2000	1.1	3.1	2.1	1.3	4.3	2.8
2001	1.1	5.5	3.3	1.5	4.5	3.0
2002	2.1	7.7	4.9	2.0	5.5	3.7
2003	2.8	7.2	5.0	2.2	6.0	4.1
2004	3.2	10.8	7.0	2.4	6.0	4.2
2005	6.6	13.8	10.2	2.6	6.3	4.4
2006	7.0	15.7	11.4	2.9	7.6	5.2
2007	2.9	10.5	6.7	3.0	7.2	5.1
2008	3.2	9.4	6.3	2.8	6.9	4.8
2009	3.1	9.5	6.3	2.8	6.7	4.7
2010	5.0	8.9	7.0	2.8	6.4	4.6
1999-2010	**3.2**	**8.6**	**5.9**	**2.3**	**6.0**	**4.2**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: X42, X62, X85, Y12

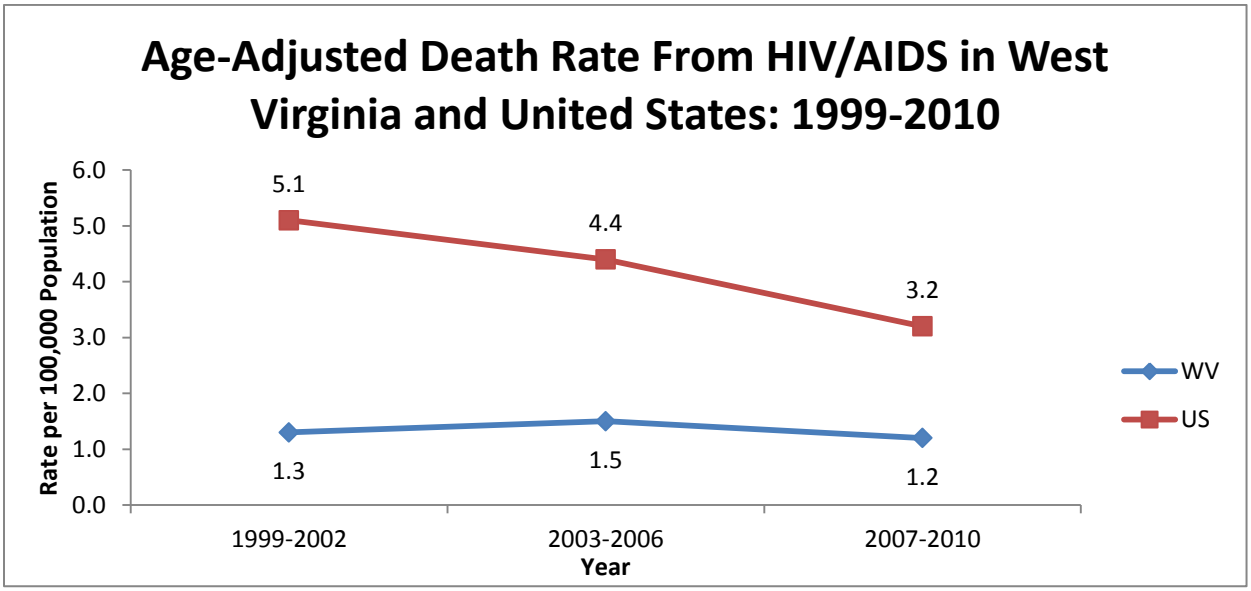
West Virginia has had a higher age-adjusted death rate from drug-induced causes since 2001. Males in West Virginia have had a significantly higher death rate from drug-induced causes than females each year 1999-2009, but not significantly higher in 2010, and significantly higher for the combined years 1999-2010. The death rate from drug-induced causes significantly increased in West Virginia and for both genders from 1999 to 2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Drug-Induced Causes by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	2.9	5.7	4.3	4.4	9.4	6.8
2000	5.0	8.1	6.6	4.6	9.5	7
2001	8.5	16.0	12.2	5.1	10.1	7.6
2002	8.1	19.2	13.6	6.3	11.8	9.1
2003	10.2	22.4	16.2	7	12.9	9.9
2004	14.4	25.5	20.0	7.6	13.4	10.5
2005	16.0	29.1	22.6	8.1	14.5	11.3
2006	18.9	32.7	25.8	9.1	16.6	12.8
2007	19.4	33.6	26.5	9.3	16	12.6
2008	20.4	36.6	28.5	9.4	15.8	12.6
2009	18.7	33.6	26.1	9.5	15.7	12.6
2010	25.5	38.8	32.2	10	15.9	12.9
1999-2010	13.9	25.1	19.5	7.6	13.6	10.6

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on May 11, 2013 5:31:24 PM. ICD-10 codes: D59.0, D59.2, D61.1, E16.0, E23.1, E24.2, E27.3, F11.0-F11.5, F11.7, F11.9-F12.2, F12.9, F13.1-F13.3, F13.7, F13.9-F14.5, F14.9-F15.5, F15.7, F15.9-F16.3, F16.5, F16.9, F17.0, F17.3, F17.4, F17.7, F17.9-F18.2, F18.9-F19.5, F19.7, F19.8, F19.9, G21.1, G24.0, G25.4, G62.0, G72.0, I95.2, J70.3, J70.4, K85.3, L10.5, L27.0, L27.1, M32.0, M80.4, M81.4, 87.1, R78.2, R78.3, X40-X44, X60-X64, X85, Y10-Y14

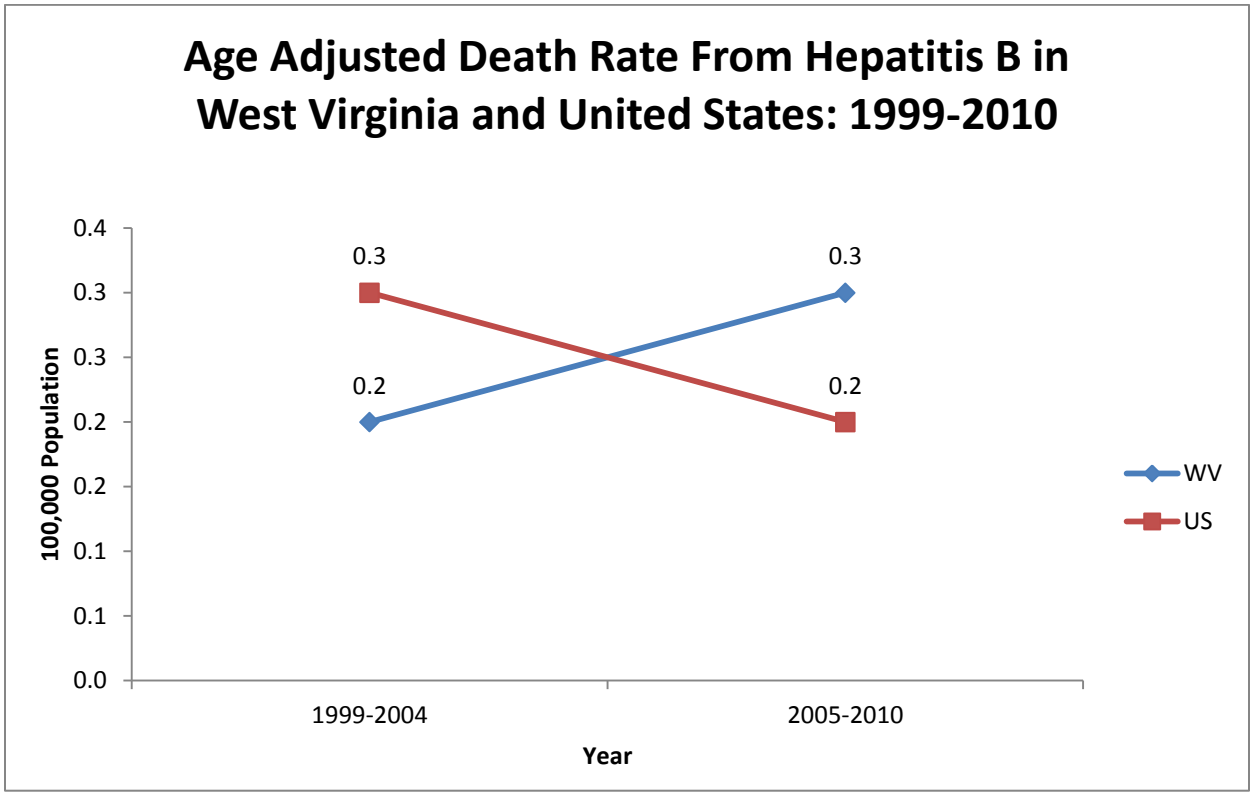
West Virginia has had a lower age-adjusted death rate from HIV/AIDS than the United States from 1999-2010. Males have had a significantly higher death rate than females in West Virginia from HIV/AIDS for each year grouping and all years combined 1999-2010. The death rate from HIV/AIDS significantly decreased in West Virginia and for males between the years 1999 to 2010. However, the death rate for females in West Virginia significantly increased from 1999 to 2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From HIV/AIDS by Gender						
Year	**West Virginia**			**United States**		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
1999-2002	0.4	2.2	1.3	2.5	7.8	5.1
2003-2006	0.4	2.6	1.5	2.3	6.5	4.4
2007-2010	0.7	1.6	1.2	1.8	4.6	3.2
1999-2010	**0.5**	**2.1**	**1.3**	**2.2**	**6.3**	**4.2**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 Codes: B20-B24, R75

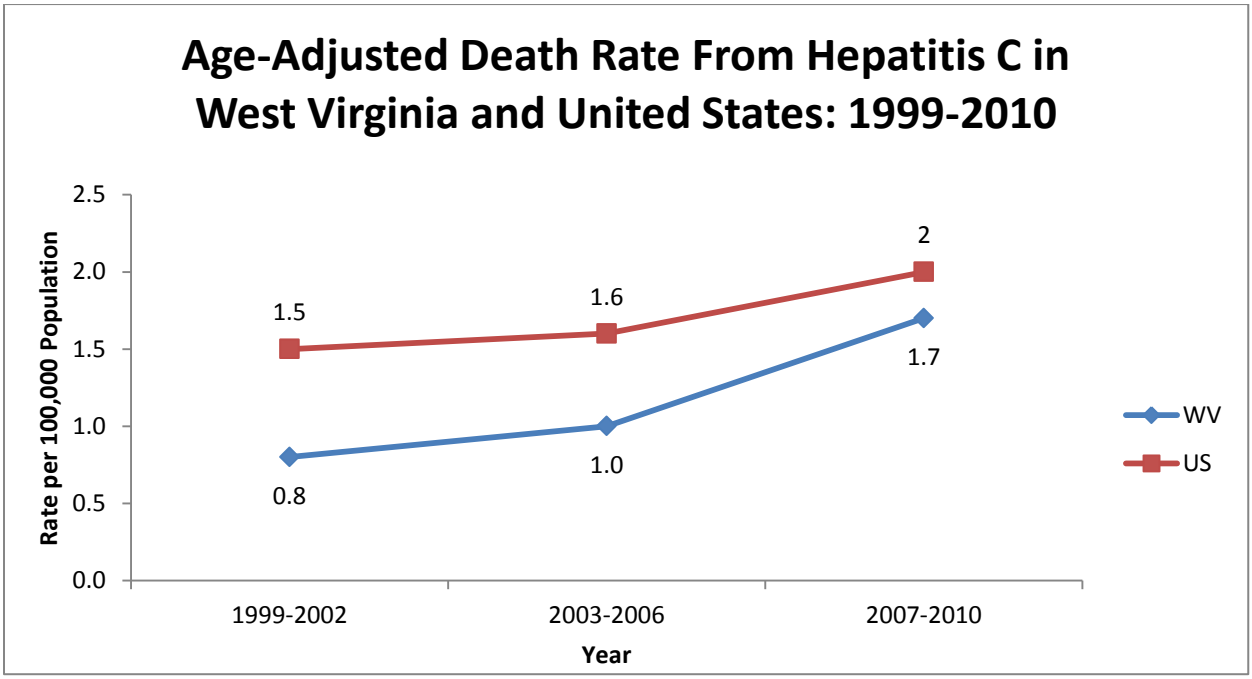
The age adjusted death rate from hepatitis B is very low in West Virginia and the United States (ranging from 0.2-0.3 rate per 100,000 population). The age adjusted death rate for hepatitis B was slightly higher among males in West Virginia and in the United States (VSS).



Age Adjusted Death Rate From Hepatitis B Per 100,000 by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999-2004	0.1	0.1	0.2	0.1	0.4	0.3
2005-2010	0.1	0.4	0.3	0.1	0.3	0.2
1999-2010	**0.1**	**0.3**	**0.2**	**0.1**	**0.4**	**0.2**

Source for WV: West Virginia Health Statistics Center. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Sept 24, 2013. ICD-10 Codes: B16.0-16.9, B17.0, B18.0, B18.1

West Virginia has had a lower age-adjusted death rate for hepatitis C than the United States from 1999 to 2010. Males have a significantly higher death rate from hepatitis C than females in West Virginia for each year grouping and all years combined 1999-2010. The hepatitis C death rate significantly increased in West Virginia and for both genders from 1999 to 2010 (VSS).



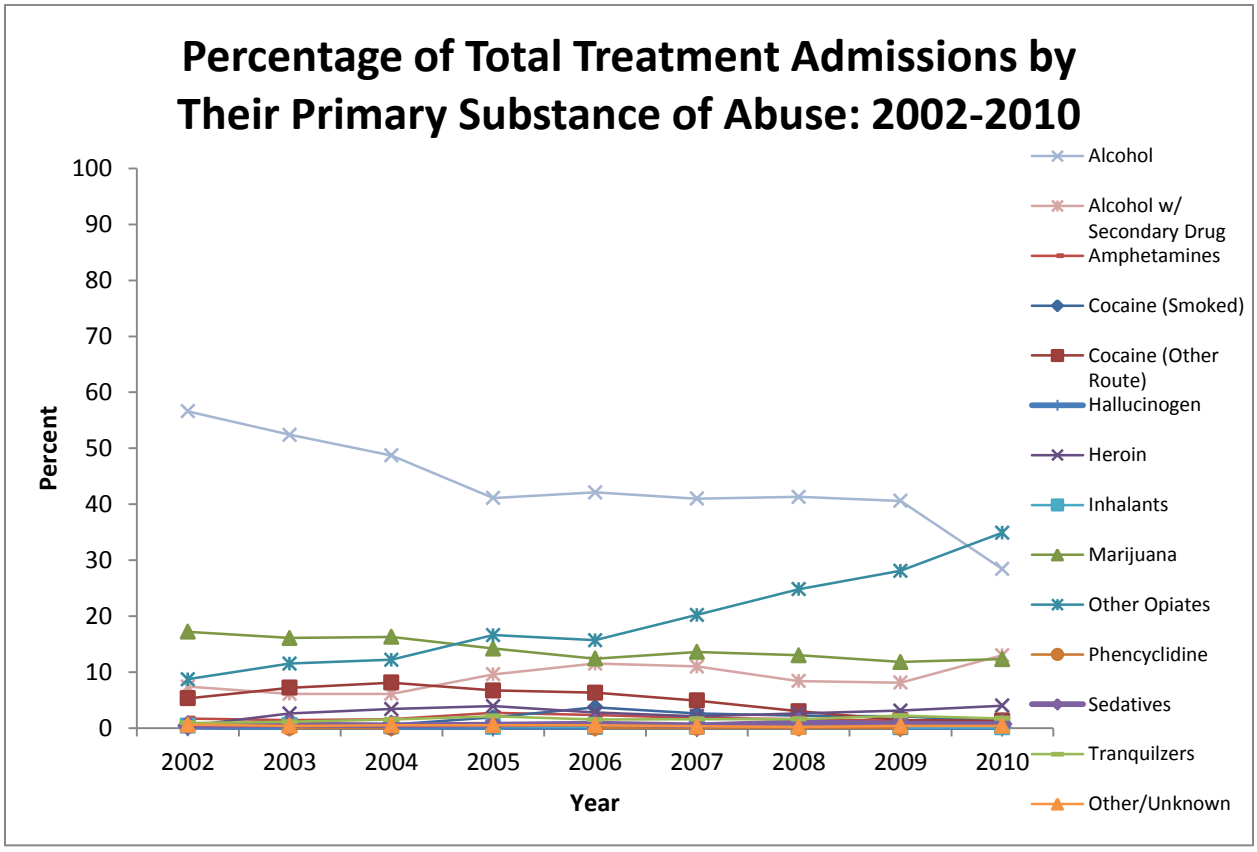
Age-Adjusted Death Rate per 100,000 Population From Hepatitis C by Gender						
Year	**West Virginia**			**United States**		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
1999-2002	0.6	0.9	0.8	1.1	2.1	1.5
2003-2006	0.6	1.5	1.0	1.1	2.2	1.6
2007-2010	1.1	2.3	1.7	1.3	2.7	2
1999-2010	**0.8**	**1.6**	**1.2**	**1.2**	**2.4**	**1.7**

Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 Codes: B17.1, B18.2

Treatment

Indicator Description: This indicator examines treatment admissions for substance abuse.
Why Indicator is Important: This indicator is important because it demonstrates the rate of admissions to drug treatment facilities by the primary substance being abused, which is creating a burden on public funds. Also, this indicator assists prevention and rehabilitation efforts by indicating the areas with the greatest need based on the primary substance of abuse.

The Treatment Episode Data Set (TEDS) annually records 1.8 million admissions to treatment facilities for abuse of alcohol and drugs that are reported to state administrative data systems. The graph below illustrates the percentage of treatment admissions by primary substance abuse for 2002 through 2010 (see Appendix A for detailed tables on treatment admissions). Males had a higher percentage (60.9%) of treatment admissions in West Virginia than females in 2010.



Source: TEDS

Smoked cocaine mainly represents crack or rock cocaine, but can include cocaine hydrochloride (powder cocaine) when it is free-based. West Virginia has a lower percentage of primary treatment admissions for cocaine (smoked) when compared to the national percentage (1.3% of admissions in WV, 5.8% of admissions in US). The percentage of treatment admissions in West Virginia for cocaine (smoked) has been higher among females from 2002 to 2010, ranging from 54.7%-100% out of all cocaine (smoked) treatment admissions, compared to males. Nationally, males have a slightly higher percentage for treatment admission for cocaine

(smoked) than females. Over 86% of admissions for treatment for cocaine (smoked) in West Virginia in 2010 were for patients aged 21-45.

Cocaine (other route) or non-smoked cocaine admissions are where the route of consumption is not reported, so the cocaine (smoked) estimates from TEDS are conservative. The percent of admissions for cocaine (other) in West Virginia (1.3%) was lower than the national percentage (2.4%). In 2010, males accounted for 63.3% of the admissions for cocaine (other route) in West Virginia, which was similar to the US percentage (67% of males).

The marijuana category includes admissions for THC and any other cannabis sativa preparation. Marijuana treatment admissions in West Virginia were lower (12.3%) than the national percentage (18.6%). The majority of admissions in West Virginia and in the US are among people 12-35 years old. Males account for a higher percentage of treatment admissions for marijuana (WV 66.1%, US 73.2%) than females.

Heroin treatment admissions in West Virginia (4%) are lower than the national percentage (13.9%). Seventy-five percent of heroin admissions in West Virginia were among people 21-35 years old. While males in United States have had a higher percentage of treatment admissions for heroin than females from 2003-2010 (US males: ranging from 66.6%-68.3%) in West Virginia they have had, at times, a lower percentage of admission than females (WV males: ranging from 44.7%-55.3%).

The other opiates category includes admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects. Other opiates accounted for the highest percentage of treatment admissions in West Virginia in 2010 (34.9%), which was four times higher than the national percentage (8.7%). The majority of treatment admissions for other opiates in West Virginia are among people 21-40 years old.

There were only 4 treatment admissions each for hallucinogens and inhalants as the primary substance of abuse in West Virginia in 2010.

The amphetamines category includes methamphetamines and other amphetamines such as Benzedrine, Dexedrine, Preludin, Ritalin and any other amines and related drugs. Amphetamines constituted 1.8% of treatment admissions in West Virginia in 2010, which was over 3 times lower than the US percentage (6. 1%).

The tranquilizers category includes admissions for benzodiazepines, which include diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers. West Virginia had 1.7% of treatment admissions for tranquilizers substance abuse in 2010, which was higher than the US percentage (0.9%). The majority of admissions for tranquilizers in West Virginia were for

people 18-40 years old in 2010. Females had a much higher percentage of admissions for tranquilizer abuse in West Virginia in 2010 (80.3%) than males.

The sedatives category includes admissions for barbiturates including phenobarbital, Seconal, Nembutal and other sedatives/hypnotics such as chloral hydrate, Placidyl, Doriden, etc. West Virginia had a higher percentage of treatment admissions for sedatives (0.7%) than the US (0.2%) in 2010. Females constituted the majority of sedative admissions in West Virginia (66.7%) in 2010.

The other/unknown category includes admissions for other or unknown substances not listed or included in another category. Other/unknown treatment admissions accounted for 0.4% of admissions in West Virginia in 2010 (TEDS).

Crime

Indicator Description: This indicator addresses the number of drug related arrests or offenses in West Virginia.

Why Indicator is Important: According to the Bureau of Justice and Statistics, in 2004 17% of state prisoners and 18% of federal prisoners committed offenses to obtain funds for drugs. Some drug related crimes are to use, possess, manufacture, traffic, produce or distribute drugs which have the potential for abuse. This indicator is important to demonstrate the effects drug use has on the state. These crimes are costly to society and have a social impact. The crime statistics for drug related crimes can be used to assist prevention efforts in the state and demonstrate the negative impact this problem has on society.

There has been an increase in the number of DUI revocations for use of drugs in West Virginia from 848 to 1,368 between the years 2010-2012. There was also an increase in the number of DUI revocations for use of drugs among commercial driver's license holders from 17 to 40 between the years 2010-2012 (WVDMV).

Driving Under the Influence Revocations for Use of Drugs in West Virginia (FY2010-FY2012)			
	FY2010	**FY2011**	**FY2012**
drugs/controlled substance	-	-	912
drugs/controlled substance combined with alcohol	-	-	456
Use of drugs	848	941	1,368

Source: WV Department of Motor Vehicle (WVDMV)

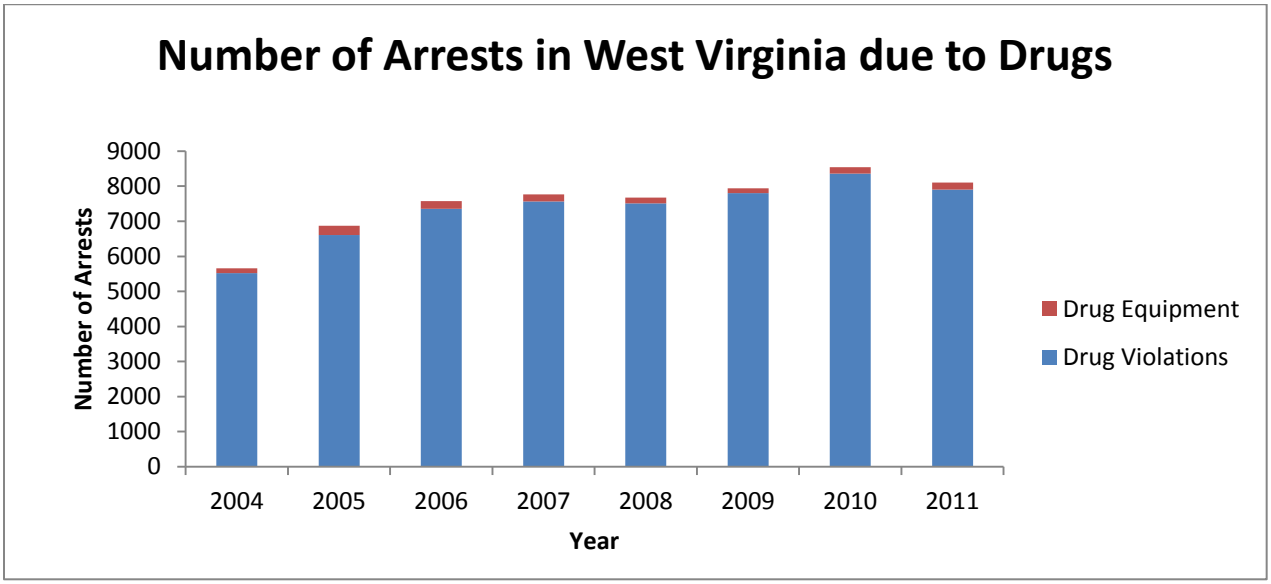
Notes: All DUI offenses must be reported to the DMV within 48 hours of the incidence. Fiscal Year is from July 1st to June 30th. Subcategories for use of drugs only became available for FY2012.

Driving Under the Influence Revocations for Use of Drugs of Commercial Driver's License (CDL) Holders in West Virginia (FY2010-FY2012)			
	FY2010	**FY2011**	**FY2012**
Use of drugs	17	23	40

Source: WV Department of Motor Vehicle (WVDMV)

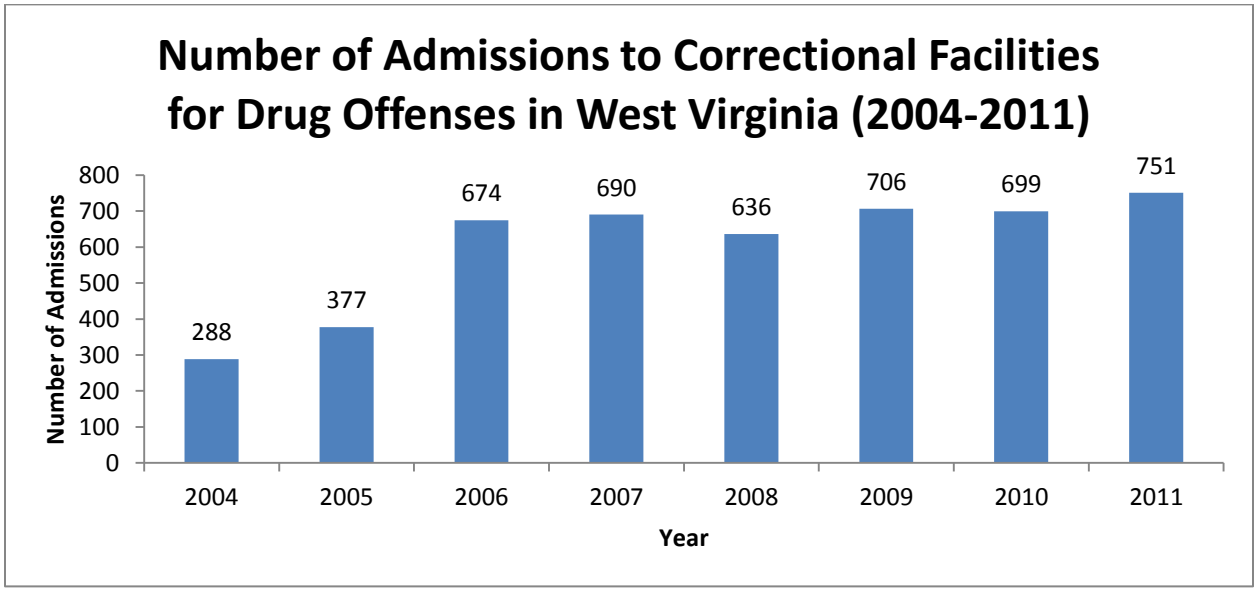
Notes: All DUI offenses must be reported to the DMV within 48 hours of the incidence. Fiscal Year is from July 1st to June 30th.

There were 7907 drug violation arrests and 199 drug equipment arrests in West Virginia in 2011. The number of drug violation arrests increased over 40% from 2004 to 2010 (WVIBRS).



Number of Arrests in West Virginia due to Drugs								
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Drug Violations	5517	6603	7359	7569	7513	7799	8355	7907
Drug Equipment	138	269	219	194	163	139	185	199
Source: West Virginia Incident-Based Reporting System (WVIBRS)								
Notes: Caution should be used when making year to year comparisons due to differences in reporting levels of agencies over time.								

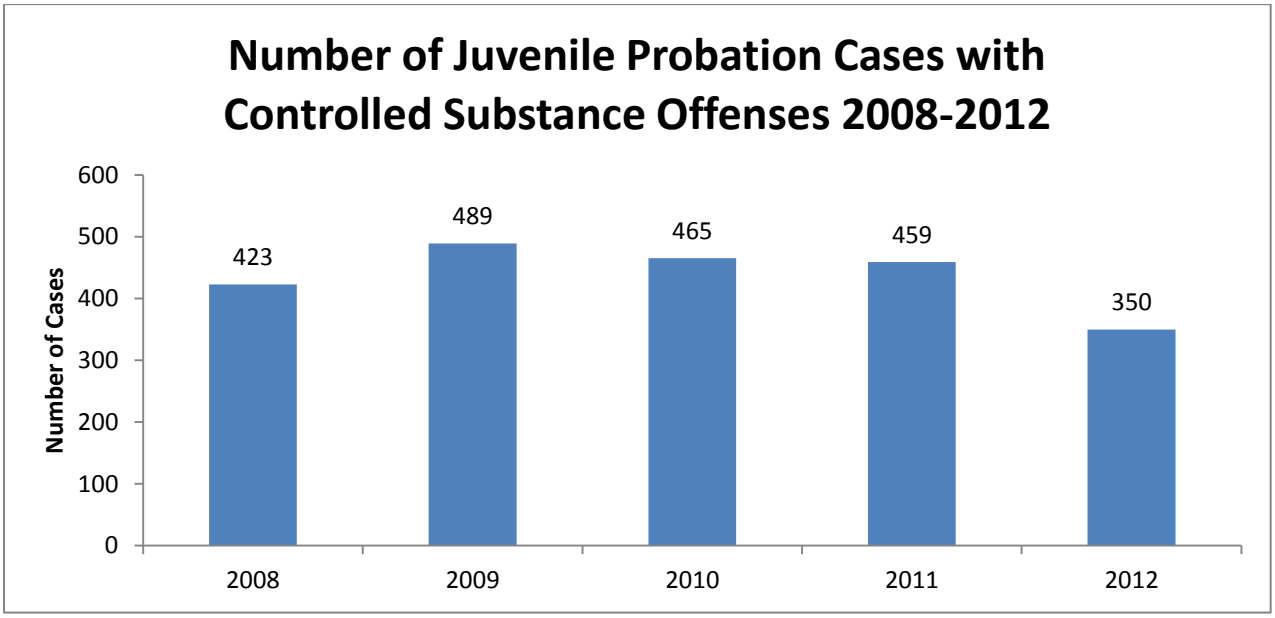
The number of admissions to correctional facilities for drug offenses in West Virginia was 751 in 2011 (IMIS).



Source: Division of Corrections IMIS

Notes: Admissions include all those offenders entering a DOC facility during the indicated year for the crime specified.

The number of juvenile probation cases with a controlled substance offense in 2012 was 350, which was a decrease of nearly 24% from 2011. The largest group of offenses, 220, was for possession of controlled substance (WVJJDB).



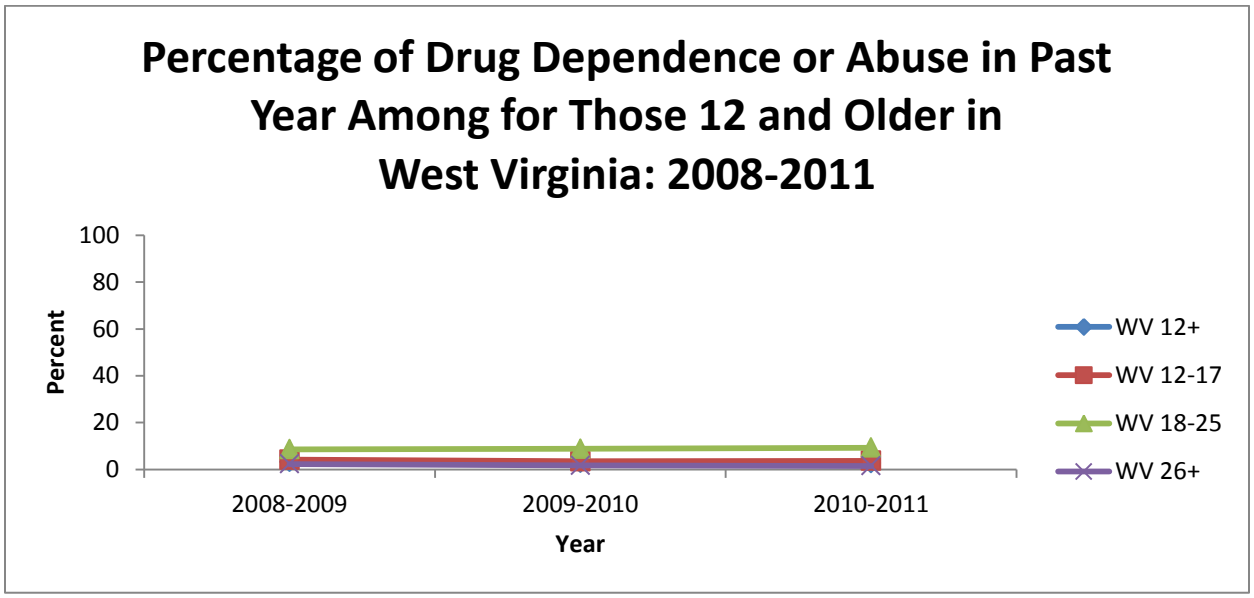
Number of Juvenile Probation Cases with Controlled Substance Offense 2008-2012					
Charge Code Description	**2008**	**2009**	**2010**	**2011**	**2012**
Breathing, inhaling, or drinking certain intoxicating compounds; penalty	8	4	7	2	6
Equipment used to counterfeit substances	0	0	1	0	0
Imitation controlled substance	1	0	0	7	5
Items designed or marketed for use with controlled substances	0	1	0	0	0
Manufacture, deliver counterfeit I,II,III,IV substances	12	1	9	11	7
Manufacture, deliver counterfeit Schedule V Misdemeanor	0	1	3	0	0
Manufacture, deliver Schedule I,II,III,IV Felony	103	117	126	119	101
Manufacture, deliver Schedule V - Misdemeanor	12	13	10	7	3
Operating or attempting to operate clandestine drug laboratories; offenses; penalties	0	1	0	3	4
Possession of Controlled Substance	278	343	299	305	220
Sale of drug paraphernalia at certain events or outdoors prohibited.	6	0	0	0	0
Transportation of Schedule I-IV controlled substance	1	1	0	0	0
Transportation of Schedule V controlled substance	2	7	10	4	4
Unlawfully distributed as registrant Schedule I or II	0	0	0	1	0
Total Juvenile Controlled Substance Offenses	**423**	**489**	**465**	**459**	**350**
Source: West Virginia Juvenile Justice Database (WVJJDB)					

Drug Dependence or Abuse

Indicator Description: This indicator examines the reported drug dependence or abuse in West Virginia and the United States.

Why Indicator is Important: Drug dependence, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association (APA), is defined as when an individual persists in the use of drugs despite problems related to the use of the substance. Drug abuse refers to a destructive pattern of the use of drugs that is not considered dependent. Drug abuse and dependence can create difficulties which can affect work, school, or family responsibilities, and can lead to drug arrests and car crashes. It can also increase the risk of overdose deaths.

Those aged 18-25 reported the highest drug dependence or abuse in the past year from 2008 to 2011 compared to those aged 12-17 and 26 and older. Also, those aged 18-25 had the highest reported drug dependence in the past year for 2008-2011 compared to those aged 12-17 and 26 and older (NSDUH).



Percentage of Drug Dependence or Abuse in Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	4.1	3.5	3.7	4.5	4.5	4.7
18-25	8.6	8.8	9.3	7.8	7.8	7.7
26 and older	2.3	1.7	1.5	1.7	1.7	1.6
12 and older	**3.2**	**2.7**	**2.6**	**2.8**	**2.8**	**2.7**
Percentage of Drug Dependence in Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	2.5	2.1	2.5	2.5	2.4	2.5
18-25	6.7	7.5	7.7	5.6	5.4	5.4
26 and older	1.8	1.4	1.2	1.3	1.3	1.1
12 and older	**2.5**	**2.2**	**2.1**	**2.0**	**1.9**	**1.8**

Source: NSDUH

Note: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

The highest reported rate of needing but not receiving treatment for illicit drug use in the past year was among those 18-25 years old from 2008-2011 compared to those aged 12-17 and 26 and older (NSDUH).

Percentage of Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year Among Those 12 and Older						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	3.9	3.2	3.3	4.2	4.2	4.3
18-25	7.7	7.7	8.5	7.2	7.1	7.0
26 and older	2.1	1.4	1.3	1.5	1.5	1.3
12 and older	**2.9**	**2.3**	**2.3**	**2.5**	**2.5**	**2.4**

Source: NSDUH

Note: Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutics used non-medically, including data from original methamphetamine questions but not including new methamphetamine items added in 2005 and 2006. 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

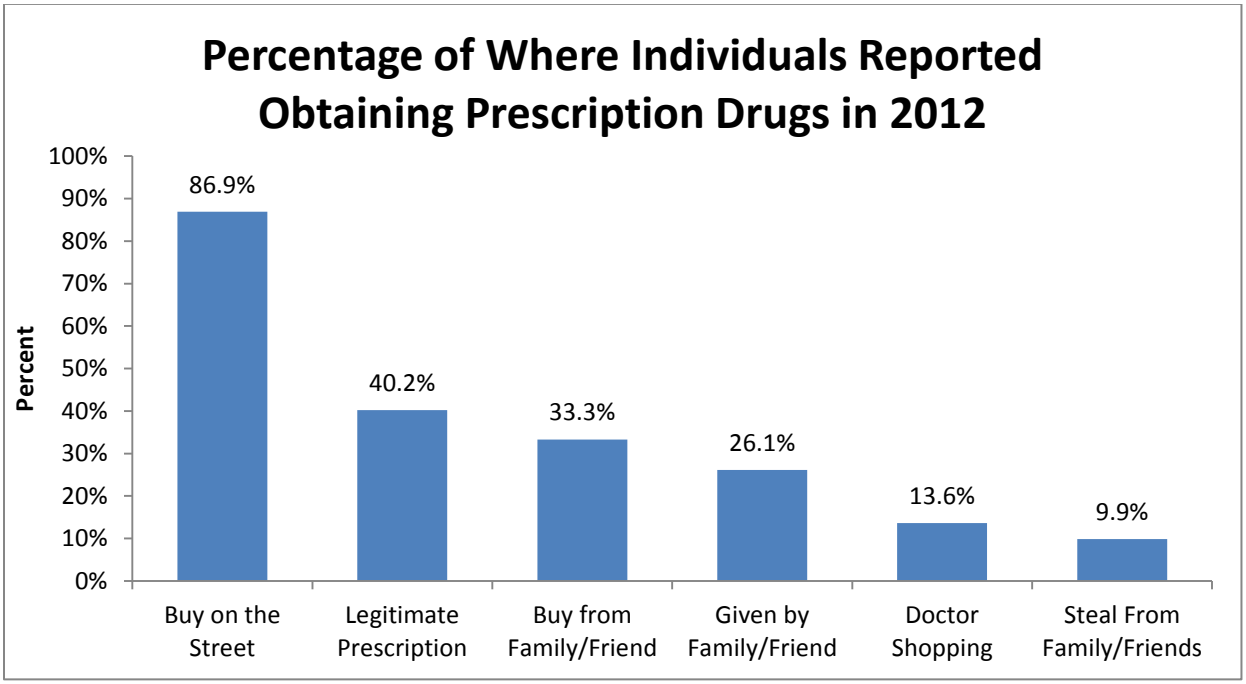
Drug Use Risk & Protective Factors

Access

Indicator Description: This indicator examines where individuals report accessing prescription drugs.

Why Indicator is Important: It is important to have a better understanding of how to limit risk factors while strengthening and increasing access to protective resources to reduce drug abuse and create healthier individuals and communities. Understanding access to drugs is an important piece in prevention interventions.

According to the West Virginia Prescription Drug Abuse Quitline, the most common responses for where respondent's indicated that they obtained their prescription drugs in 2012 were: buy on the street (86.9%), legitimate prescription (40.2%), and buying from family or friend (33.3%).



Percentage of Where Individuals Reported Obtaining Prescription Drugs in 2012					
	Have Obtained Prescription Drugs From This Source		Never Obtained Prescription Drug From This Source		Total Responses
Source	**%**	**#**	**%**	**#**	**#**
Buy on the Street	86.9%	113	13.1%	17	130
Legitimate Prescription	40.2%	33	59.8%	49	82
Buy from Family/Friend	33.3%	32	66.7%	64	96
Given by Family/Friend	26.1%	23	73.9%	65	88
Doctor Shopping	13.6%	12	86.4%	76	88
Steal From Family/Friends	9.9%	8	90.1%	73	81

Source: West Virginia Prescription Drug Quitline

Perception of Harm

Indicator Description: The perception of harm from smoking marijuana.
Why Indicator is Important: The perception of harm from smoking marijuana can influence one's decision to use the drug. In families where parents smoke marijuana or are tolerant of children's use, the more likely they are to smoke marijuana as adolescents. It is important to have a better understanding of how to limit risk factors while strengthening and increasing access to protective resources to reduce smoking marijuana and create healthier individuals and communities. The perception of harm from smoking marijuana is associated with marijuana use and understanding this can be used in prevention interventions.

The reported perception of harm from smoking marijuana was lowest among those aged 18-25 in West Virginia and in the United States compared to those 12-17 and 26 and older (NSDUH).

Percentage of Those with Perceptions of Great Risk of Smoking Marijuana Once a Month Among Those 12 and Older

	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
12-17	38.2	35.8	37.1	31.8	29.9	28.6
18-25	23.7	21.2	20.3	21.3	19.2	18.3
26 and older	47.6	43.2	40.1	38.8	36.5	35.2
12 and older	**44.0**	**40.0**	**37.1**	**35.8**	**33.6**	**32.3**

Source: NSDUH
Note: 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

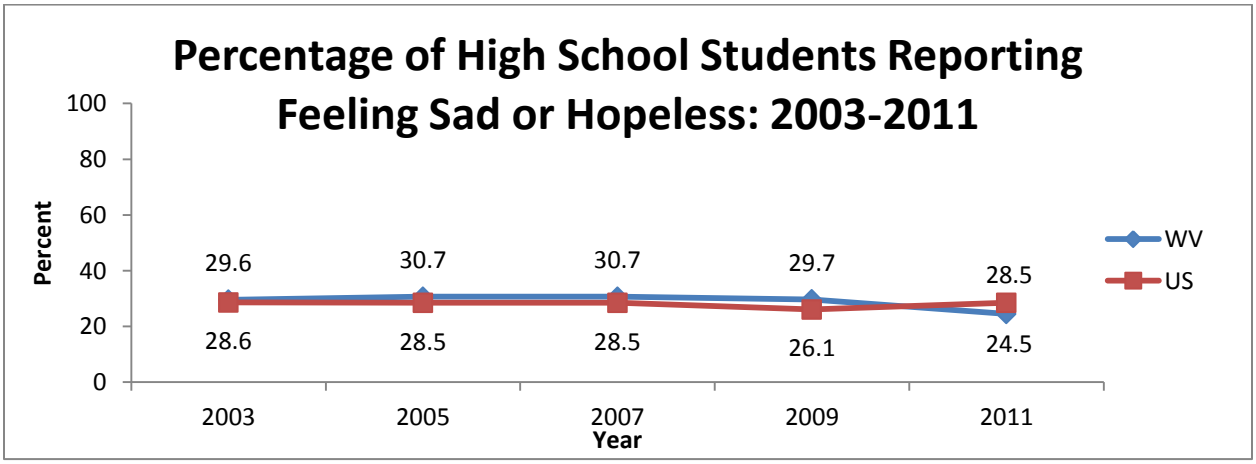
Mental Health

Depression and Psychological Distress

Indicator Description: This indicator examines reported mental health issues such as depression prevalence in West Virginia and the United States.

Why Indicator is Important: Mental health is a vital part of health, it is the state of well-being and ability to function in society. Depression is a mental health disorder which causes feelings of sadness and anxiety which can last for weeks. There is a strong correlation between mental health and substance abuse; there is a higher rate of substance abuse among those with a mental illness. This indicator is important to prevention providers to identify those with mental health and substance abuse issues to address co-occurring illnesses, which must be treated together.

From 2007 to 2011 female high school students in West Virginia were significantly more likely than males to feel sad or hopeless. High school students in West Virginia were significantly less likely to report having been sad or hopeless compared to the nation in 2011 (YRBS).

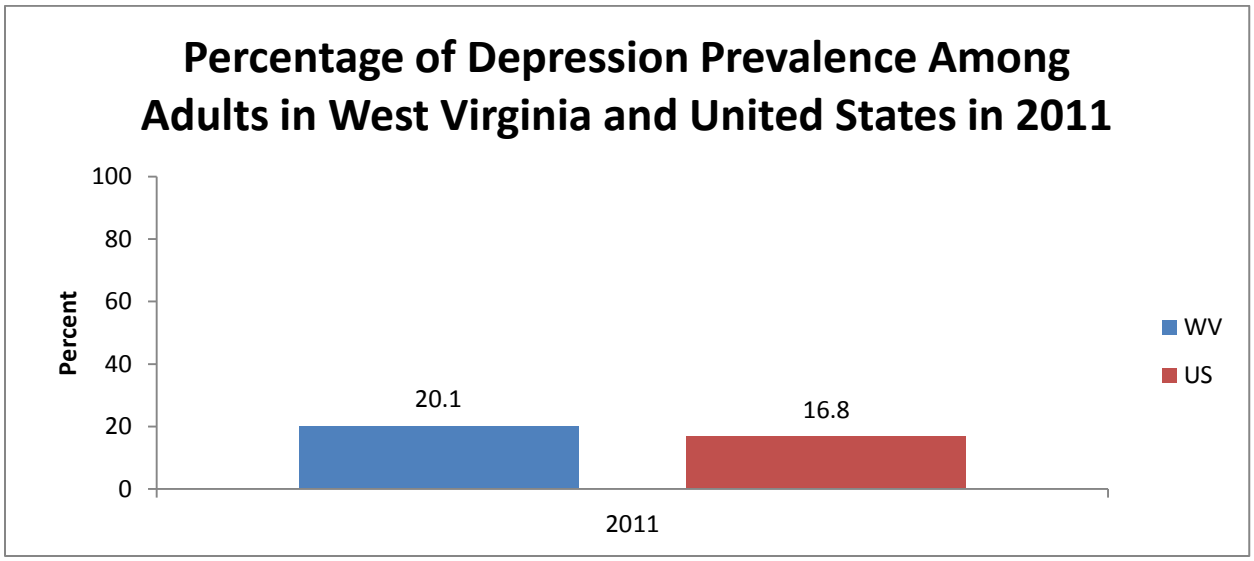


Percentage of High School Students Reporting Feeling Sad or Hopeless by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	29.6	22.6	41.7	31.7	31.4	30.4	35.0
2005	30.7	24.7	34.4	31.8	31.2	30.6	25.4
2007	30.7	20.5	40.9	30.5	27.8	35.0	30.3
2009	29.7	22.9	36.7	22.5	33.8	30.2	32.5
2011	24.5	16.8	32.6	25.5	23.5	23.7	25.2
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	28.6	21.9	35.5	28.0	29.7	28.9	27.4
2005	28.5	20.4	36.7	29.0	28.9	28.8	26.4
2007	28.5	21.2	35.8	28.2	28.9	27.1	29.4
2009	26.1	19.1	33.9	26.6	26.1	27.3	24.3
2011	28.5	21.5	35.9	27.6	28.7	28.8	28.9

Source: YRBS

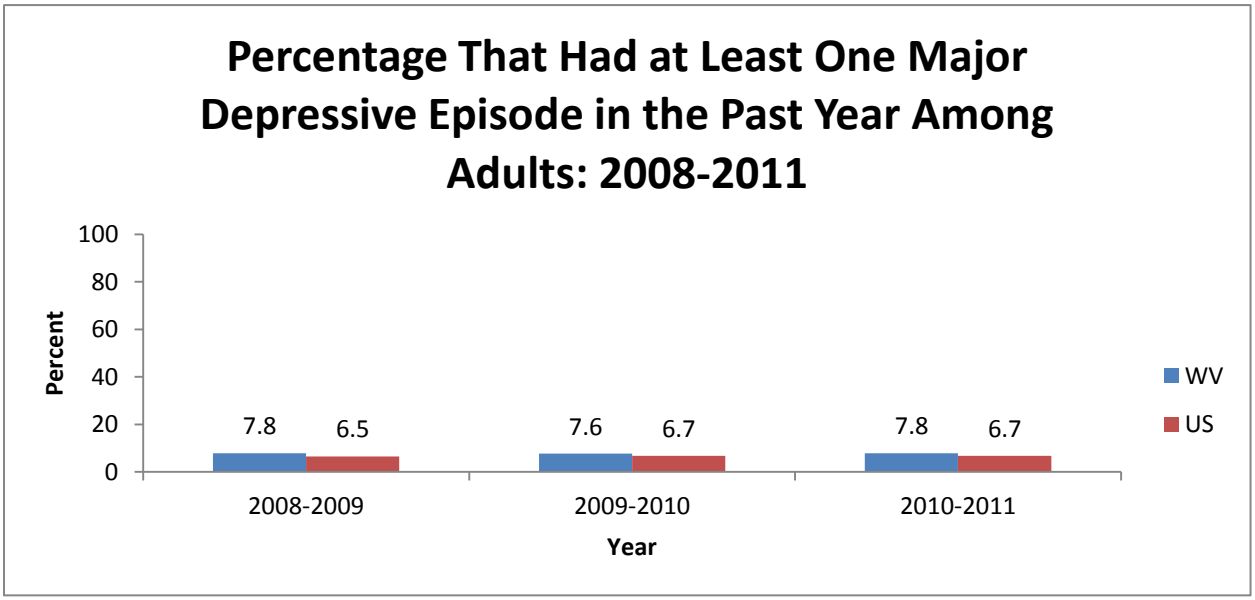
Notes: Sad or Hopeless during the past 12 months almost every day for two weeks or more in a row that you stopped doing some usual activities.

West Virginia had the 14th highest percentage of depression among adults in the nation, which was significantly higher than the US. Adult females had a significantly higher percentage of depression than males in West Virginia. The highest percentage of depression in adults was among those 45-54, which was significantly higher than those 25-44 and 65 and older. Adults with less than a high school education had a significantly higher percentage of depression compared to college graduates. Also, adults with an income less than $15,000 had a significantly higher percentage of depression than all other income groups (BRFSS).



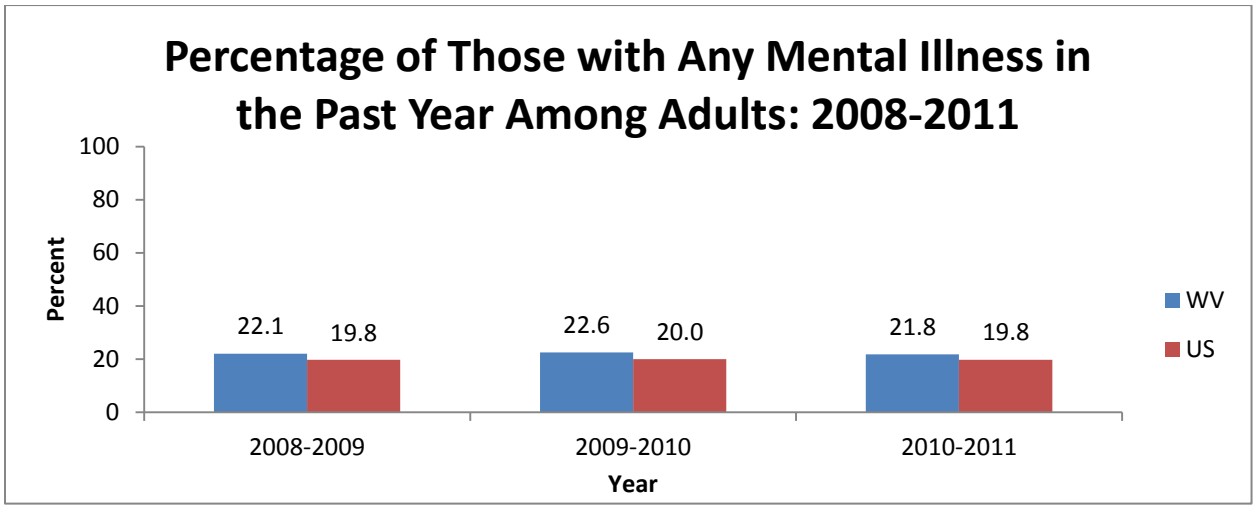
Depression Prevalence								
West Virginia								
Total	Gender		Age					
	Male	Female	18-24	25-34	35-44	45-54	55-64	65+
20.1	15.6	24.4	20.0	19.3	20.2	26.9	23.5	12.4
Sources: WV Health Statistics Center, Behavioral Risk Factor Surveillance System and CDC BRFSS website (WV data is estimated prevalence and the US data is median prevalence).								

West Virginia has had a higher reported rate of having had at least one major depressive episode in the past year among adults compared to the United States from 2008 to 2011 (NSDUH).



Percentage That Had at Least One Major Depressive Episode in the Past Year						
	West Virginia			United States		
Ages	2008-2009	2009-2010	2010-2011	2008-2009	2009-2010	2010-2011
12-17	**8.4**	**8.0**	**8.4**	**8.2**	**8.1**	**8.1**
18-25	8.8	8.1	7.7	8.2	8.2	8.3
26 and older	7.6	7.6	7.9	6.2	6.5	6.4
18 and older	**7.8**	**7.6**	**7.8**	**6.5**	**6.7**	**6.7**
Source: NSDUH Note: Major depressive episode is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. There are minor wording differences in the questions in the adult and adolescent major depressive episode modules. Therefore, data from youths aged 12 to 17 were not combined with data from persons aged 18 or older to produce an estimate for those aged 12 or older. 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.						

Adults in West Virginia reported a higher rate of any mental illness in the past year than the United States between the years 2008-2011. Adults in West Virginia and the United States aged 18-25 reported a higher rate of any mental illness in the past year compared to those 26 and older between the years of 2008-2011 (NSDUH).

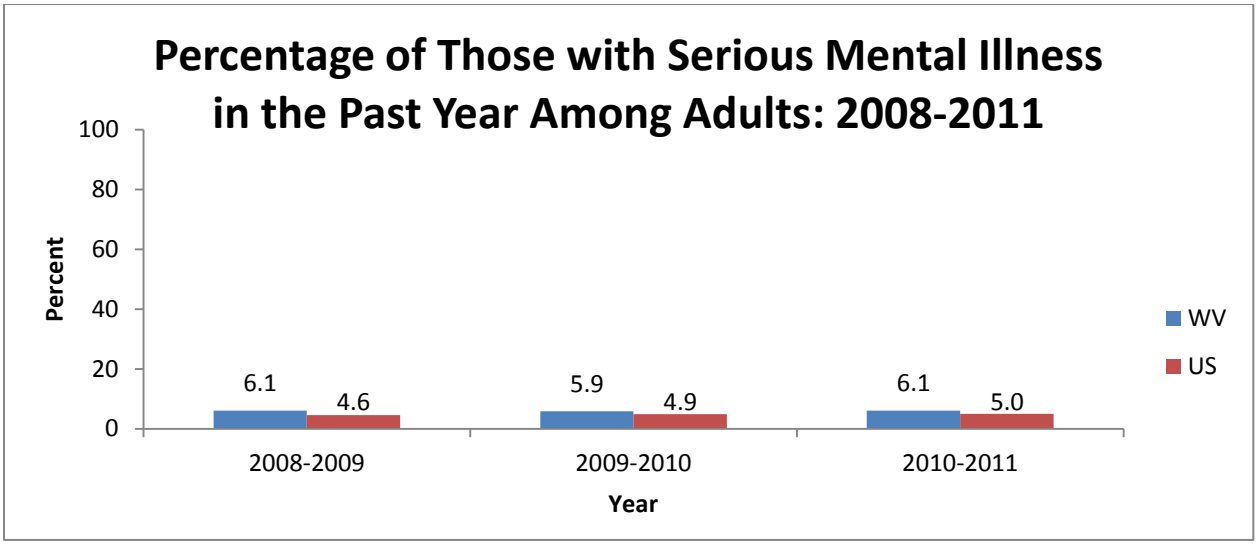


Percentage of Those with Any Mental Illness in the Past Year Among Adults						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
18-25	32.2	30.0	29.9	30.7	30.2	30.0
26 and older	20.7	21.4	20.6	17.9	18.3	18.1
18 and older	**22.1**	**22.6**	**21.8**	**19.8**	**20.0**	**19.8**

Source: NSDUH

Note: Any Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Adults in West Virginia reported a higher rate of serious mental illness in the past year than the United States from 2008-2011. Adults in West Virginia and the United States 18-25 years old reported a higher rate of serious mental illness in the past year than those 26 and older from 2008-2011 (NSDUH).



Percentage of Those with Serious Mental Illness in the Past Year Among Adults						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
18-25	8.4	7.5	7.6	7.4	7.6	7.7
26 and older	5.7	5.6	5.9	4.1	4.5	4.5
18 and older	**6.1**	**5.9**	**6.1**	**4.6**	**4.9**	**5.0**

Source: NSDUH

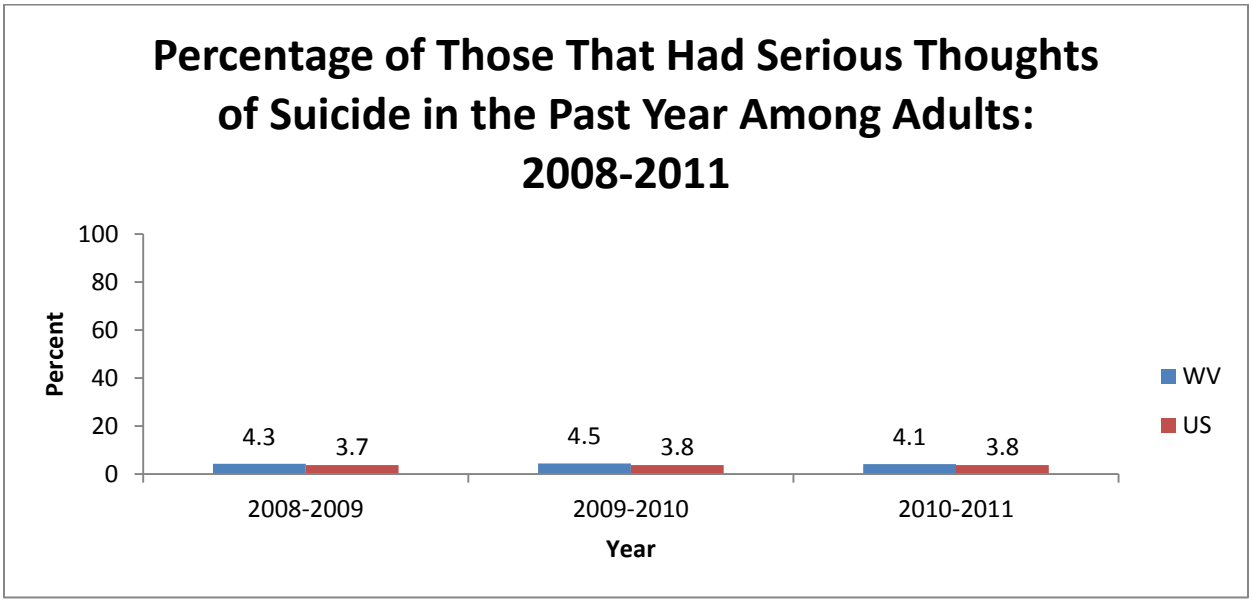
Note: Serious Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and resulted in serious functional impairment. 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

Suicide

Indicator Description: This indicator examines the prevalence of suicide and suicide attempts in West Virginia and the United States.

Why Indicator is Important: Suicide is a serious public health issue. According to the CDC, it is the 10th leading cause of death in the nation. The leading methods for suicide are firearms, suffocation, and poisoning. Some of the risk factors for suicide are: previous suicide attempts, family history of suicide, depression and mental illness, drug and alcohol abuse, and stress. The National Violent Death Reporting System, reported in 2007, that one-third of suicide victims tested positive for alcohol at the time of death and nearly 1 in 4 had evidence of opiates, including heroin and prescription pain killers. This indicator is important to increase awareness surrounding factors that can put a person at risk for attempting suicide. Suicide prevention providers need to identify those with mental health and substance abuse issues and address co-occurring illnesses.

Adults in West Virginia reported a higher prevalence of having serious thoughts of suicide in the past year from 2008-2011. Adults in West Virginia and the United States aged 18-25 have a higher prevalence of having had thoughts of suicide than those 26 and older from 2008-2011 (NSDUH).

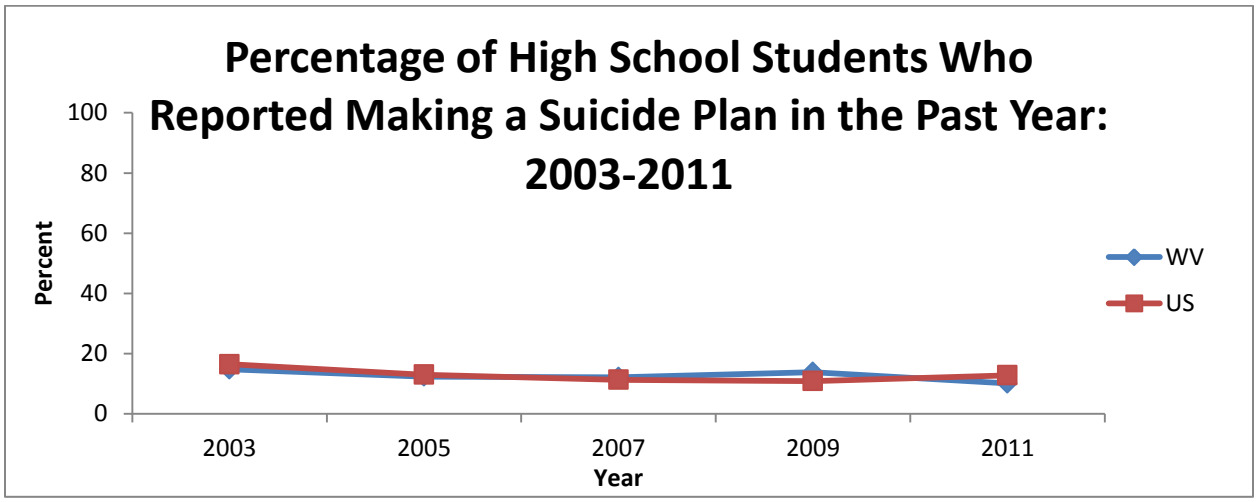


Percentage of Those That Had Serious Thoughts of Suicide in the Past Year Among Adults						
	West Virginia			United States		
Ages	**2008-2009**	**2009-2010**	**2010-2011**	**2008-2009**	**2009-2010**	**2010-2011**
18-25	7.3	6.8	6.4	6.4	6.4	6.7
26 and older	3.9	4.1	3.8	3.3	3.3	3.2
18 and older	**4.3**	**4.5**	**4.1**	**3.7**	**3.8**	**3.8**

Source: NSDUH

Note: 2008-2011 data was revised March 2012. State estimates: along with the 95 percent Bayesian confidence (credible) intervals, are based on a survey-weighted hierarchical Bayes estimation approach and generated by Markov Chain Monte Carlo techniques. US estimates: design-based (direct) estimates and corresponding 95 percent confidence intervals.

High school students in West Virginia reported a significantly lower rate (10.1%) of having made a plan about how they would attempt suicide compared to the nation (12.8%) in 2011. Female high school students were significantly more likely to report having made a suicide plan than male students in West Virginia in 2009 and 2011 (YRBS).

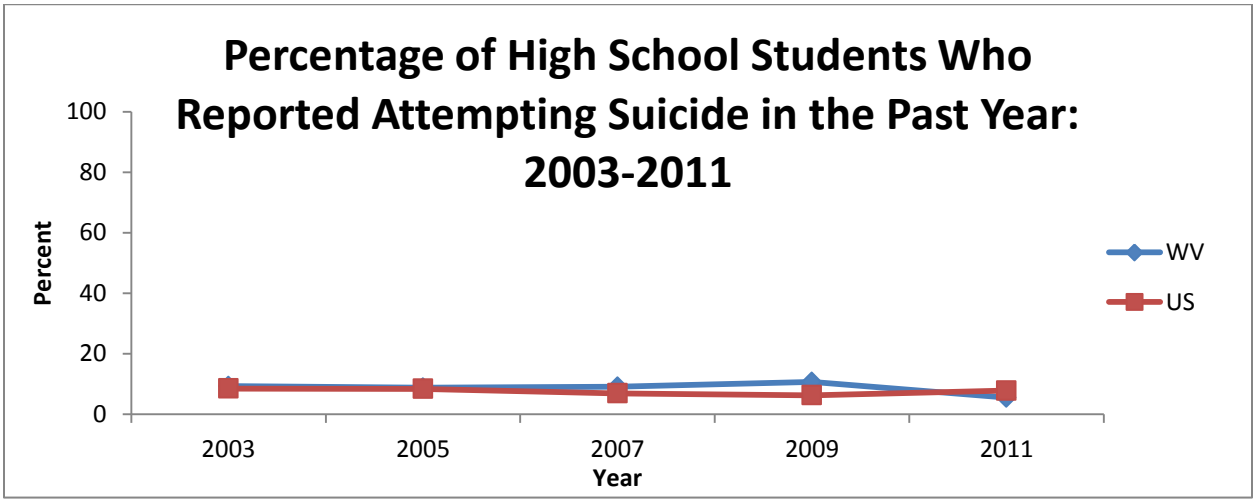


Percentage of High School Students Who Reported Making a Suicide Plan in the Past Year by Gender and Grade: 2003-2011							
West Virginia							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	14.8	10.5	19.4	15.4	14.1	17.4	11.7
2005	12.4	9.8	15.1	15.7	15.0	10.4	8.5
2007	12.2	10.4	14.0	11.4	11.9	14.0	11.6
2009	13.9	12.1	15.9	13.0	15.2	15.1	13.0
2011	10.1	7.9	12.4	12.0	10.0	8.7	9.3
United States							
Year	**Total**	**Gender**		**Grade**			
		Male	**Female**	**9th**	**10th**	**11th**	**12th**
2003	16.5	14.1	18.9	17.7	16.3	16.2	14.9
2005	13.0	9.9	16.2	13.9	14.1	12.9	10.5
2007	11.3	9.2	13.4	11.2	12.5	10.4	10.6
2009	10.9	8.6	13.2	10.8	11.7	11.3	9.2
2011	12.8	10.8	15.0	13.6	14.4	11.9	10.7

Source: YRBS

Notes: Made a plan about how you would attempt suicide during the past 12 months.

In 2011, high school students in West Virginia were significantly less likely to have attempted suicide one or more times in the past year (5.5%) compared to the national rate (7.8%) (YRBS).



Percentage of High School Students Who Reported Attempting Suicide in the Past Year by Gender and Grade: 2003-2011

West Virginia

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	9.3	6.0	12.8	10.3	9.1	9.8	6.4
2005	8.8	5.2	12.3	12.4	12.1	6.7	3.5
2007	9.1	6.7	11.4	9.0	7.4	9.8	9.9
2009	10.7	9.8	11.7	10.4	10.1	10.1	12.4
2011	5.5	4.8	6.2	7.0	5.7	4.5	4.7

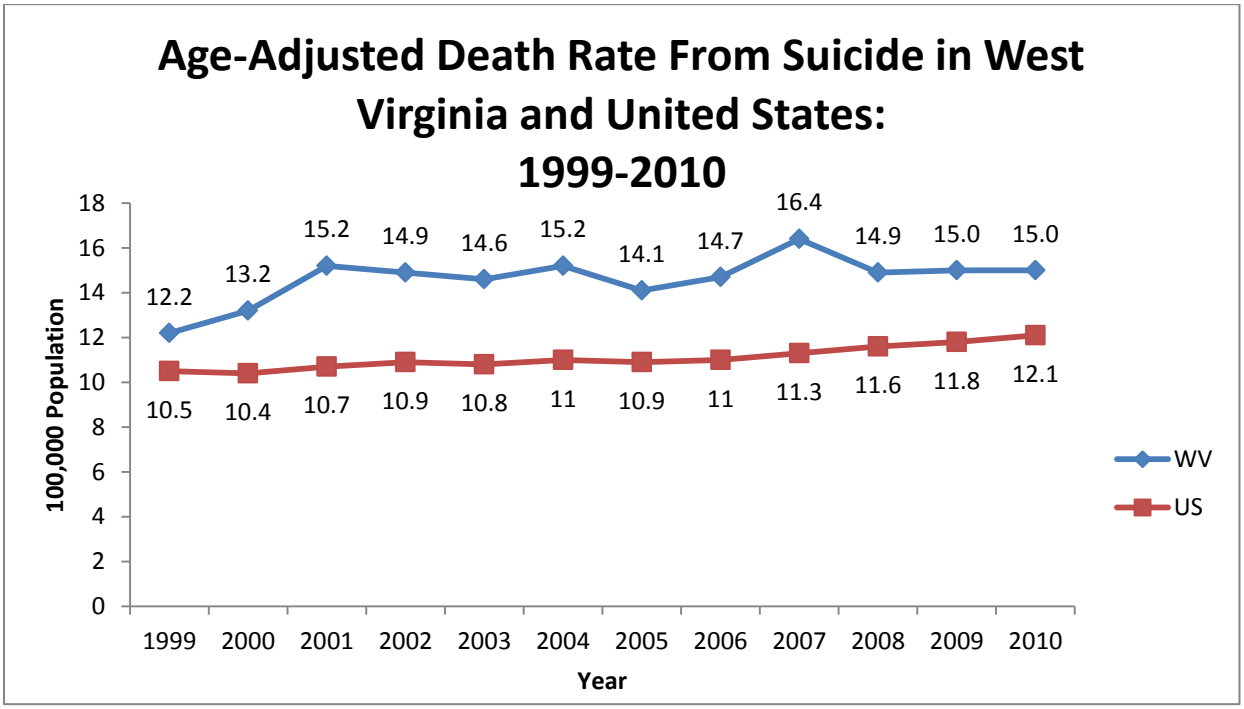
United States

Year	Total	Gender		Grade			
		Male	Female	9th	10th	11th	12th
2003	8.5	5.4	11.5	10.1	9.1	7.3	6.1
2005	8.4	6.0	10.8	10.4	9.1	7.8	5.4
2007	6.9	4.6	9.3	7.9	8.0	5.8	5.4
2009	6.3	4.6	8.1	7.3	6.9	6.3	4.2
2011	7.8	5.8	9.8	9.3	8.2	6.6	6.3

Source: YRBS

Notes: Attempted suicide one or more times during the past 12 months.

West Virginia has had a higher age-adjusted death rate for suicide than the United States from 1999 to 2010. Males in West Virginia had a significantly higher death rate than females for each year and for the combined years 1999-2010 (VSS).



Age-Adjusted Death Rate per 100,000 Population From Suicide by Gender						
Year	West Virginia			United States		
	Female	Male	Total	Female	Male	Total
1999	3.3	22.3	12.2	4	17.8	10.5
2000	5.2	21.9	13.2	4	17.7	10.4
2001	4.8	27.3	15.2	4.1	18.2	10.7
2002	4.3	26.7	14.9	4.2	18.5	10.9
2003	4.6	25.6	14.6	4.2	18.1	10.8
2004	5.1	26.2	15.2	4.5	18.1	11
2005	4.9	24.4	14.1	4.4	18.1	10.9
2006	6.0	24.0	14.7	4.5	18.1	11
2007	5.2	28.5	16.4	4.6	18.5	11.3
2008	6.5	24.2	14.9	4.8	19	11.6
2009	5.2	25.3	15.0	4.9	19.2	11.8
2010	3.9	27.0	15.0	5	19.8	12.1
1999-2010	**5.0**	**25.3**	**14.6**	**4.4**	**18.5**	**11.1**

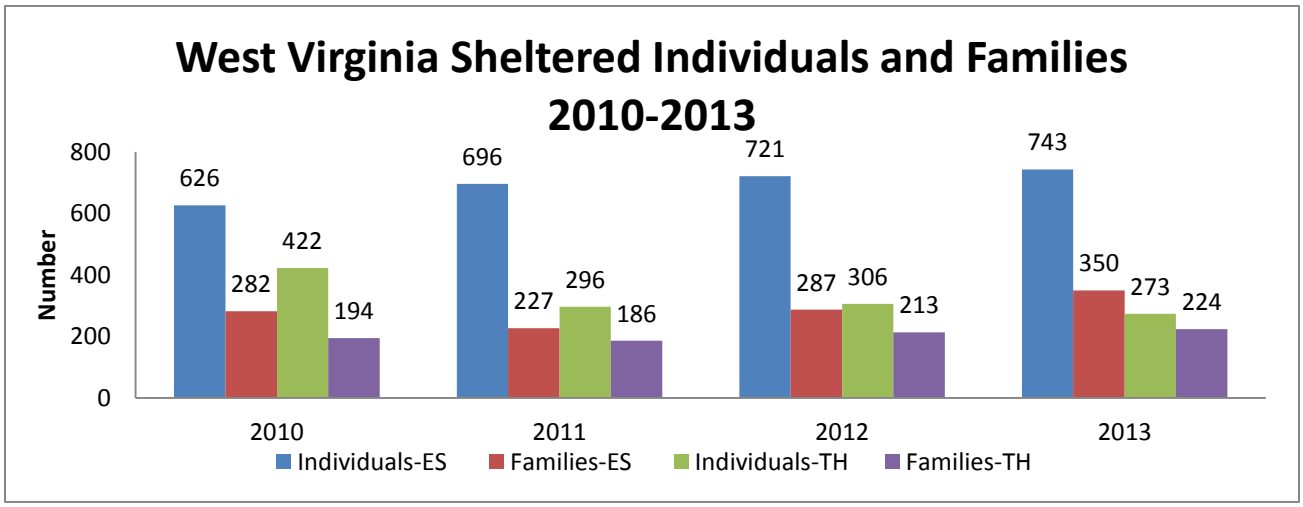
Source for WV: WV Health Statistics Center, Vital Statistics System. Source for US: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010 on CDC WONDER Online Database, released January 2013. Data are compiled from Compressed Mortality File 1999-2010 Series 20 No. 2P, 2013. Accessed at http://wonder.cdc.gov/cmf-icd10.html on Apr 24, 2013. ICD-10 codes: U03, X60-X84, Y87.0

Homelessness

Indicator Description: This indicator examines the prevalence of homelessness as well as mental illness and substance abuse of the homeless in West Virginia.

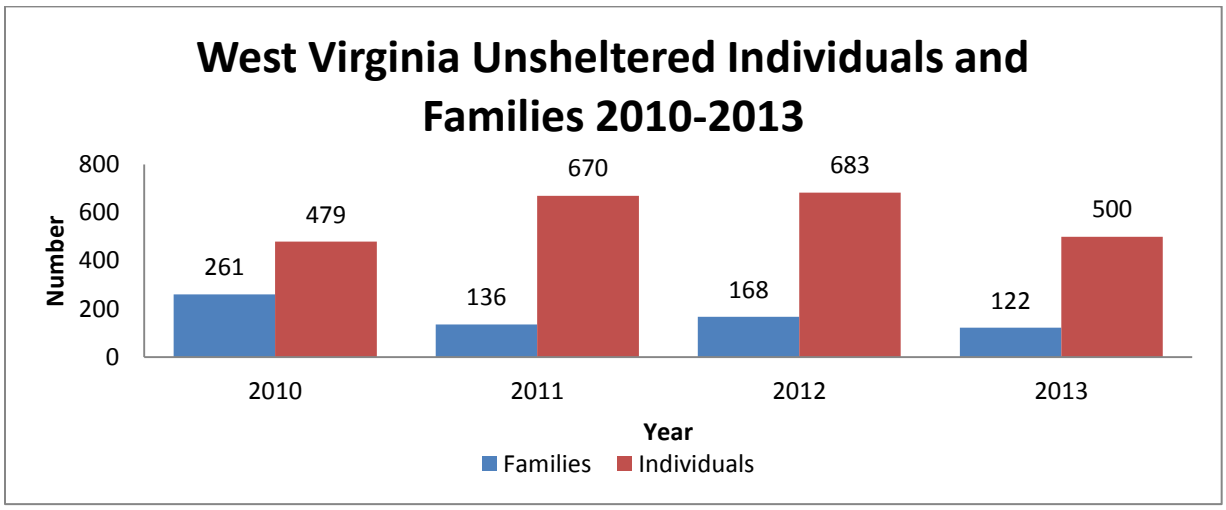
Why the Indicator is Important: It is important to examine the prevalence of substance abuse and use among the homeless population to help improve outreach, assessment, housing and create a safer environment to help end homelessness. According to the National Health Care for the Homeless Council by Zerger (2002), substance use and abuse prevalence among the homeless population is approximately 20-35% percent nationally, and approximately 10-20% who have both mental illness diagnoses and substance use and abuse. Less than one quarter of persons in the United States who are in need of substance abuse treatment in fact receive treatment, and for those who are homeless the barriers for treatment are even greater and therefore create a higher need for treatment.

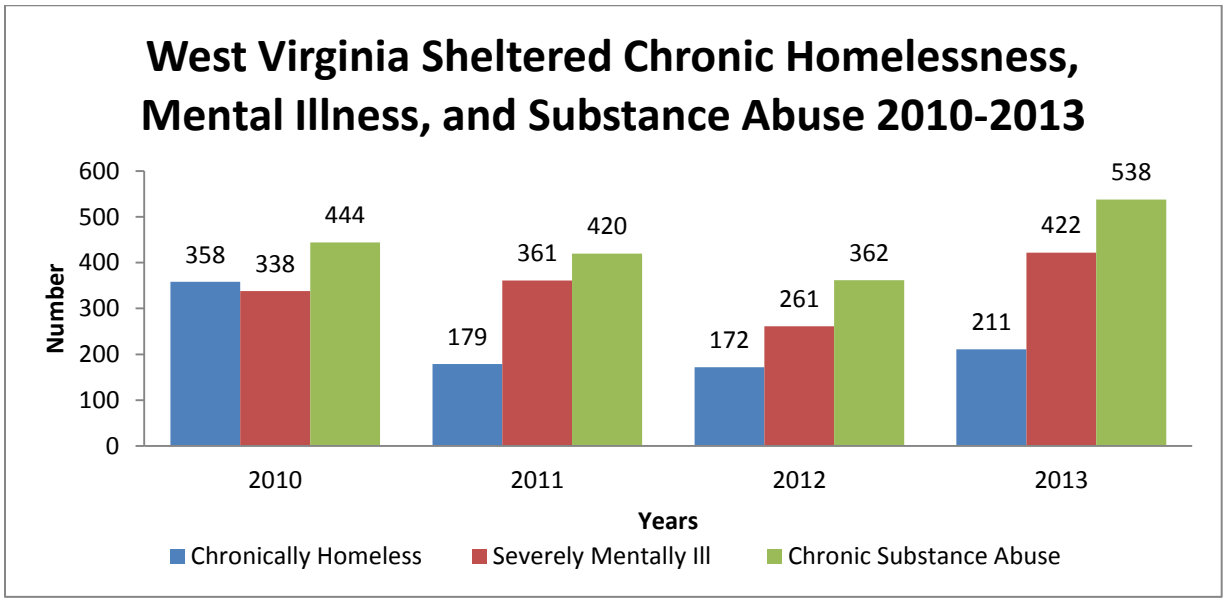
Data from the West Virginia Coalition to End Homelessness, Point in Time Count and Housing Inventory in 2013 indicated that among the homeless surveyed that 13.1% of the sheltered and 29% of the unsheltered homeless in West Virginia were chronic homelessness. There was an increase in reported chronic homelessness between 2012 and 2013: 22.7% increase among the sheltered and 4.6% increase among the unsheltered homeless. Also, 33.4% of the sheltered and 52.5% of the unsheltered homeless had chronic substance abuse. There was also an increase in the reported chronic substance abuse between 2012 and 2013: 48.6% increase among the sheltered and 67.5% increase among the unsheltered homeless. The results indicated that 26.2% of the sheltered and 32.8% of the unsheltered homeless had a severe mental illness in 2013. There was an increase in the reported severe mental illness between 2012 and 2013: 61.7% increase among the sheltered and 32.1% increase among the unsheltered homeless. Veterans accounted for 18.1% of the sheltered homeless and 5.9% of the unsheltered homeless in 2013.

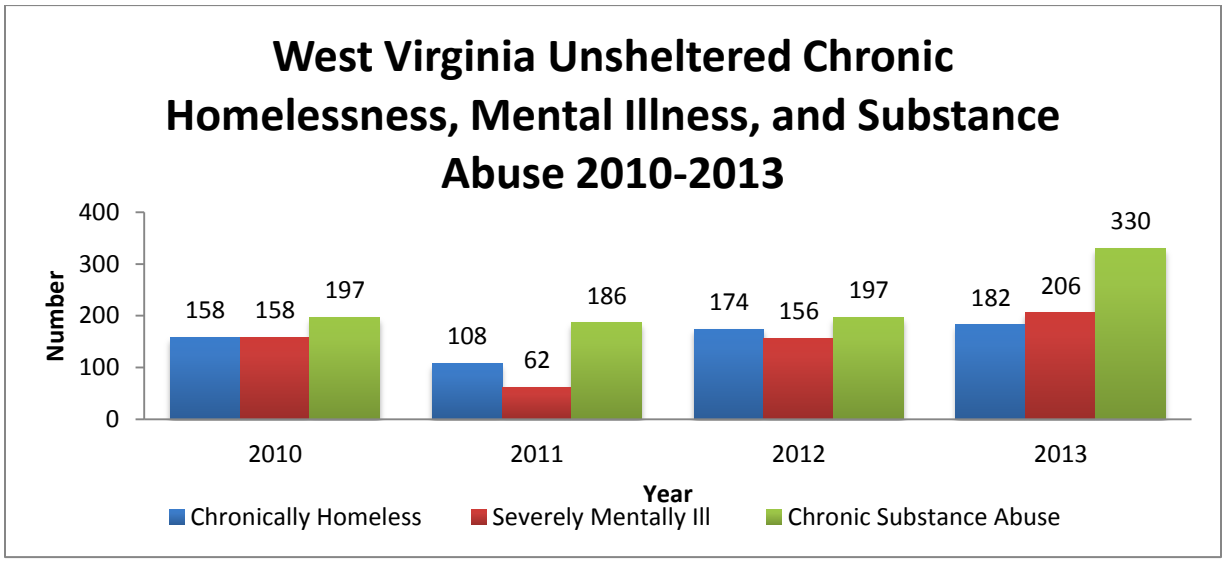


Source: West Virginia Coalition to End Homelessness, Annual Point in Time Count and Housing Inventory

Note: The Point-in-Time count occurs every year and is a census of all homeless persons in West Virginia. Cities all across West Virginia and nationwide participate in similar counts and report the data to the Department of Housing and Urban Development (HUD). ES= Emergency Shelter and TH= Transitional Housing

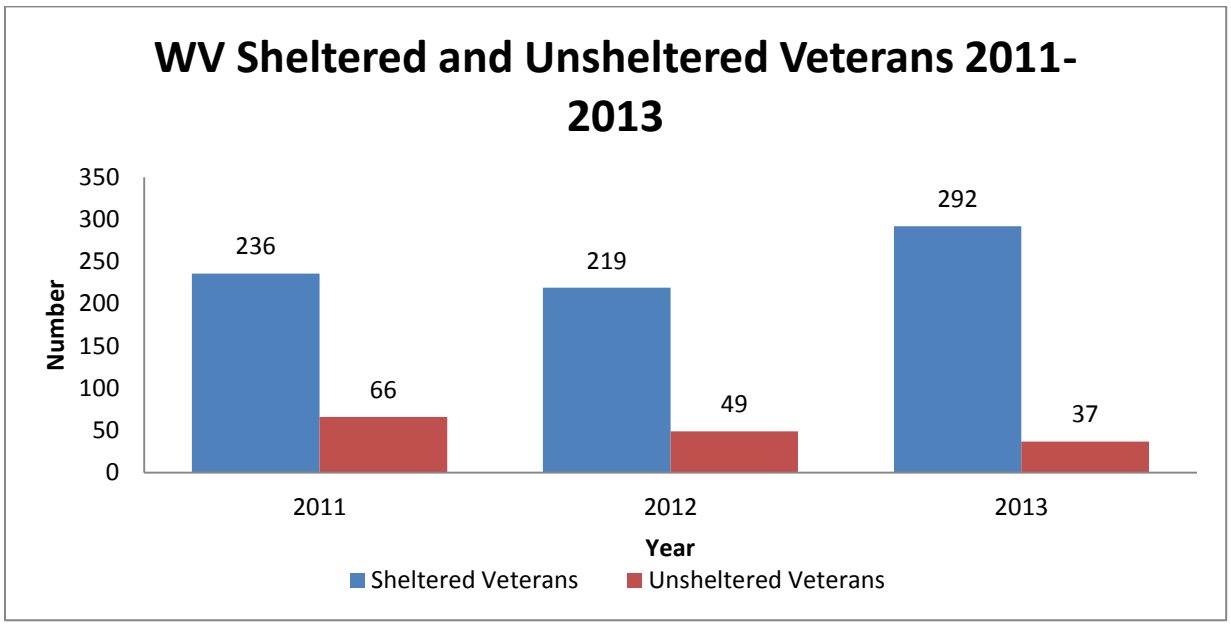


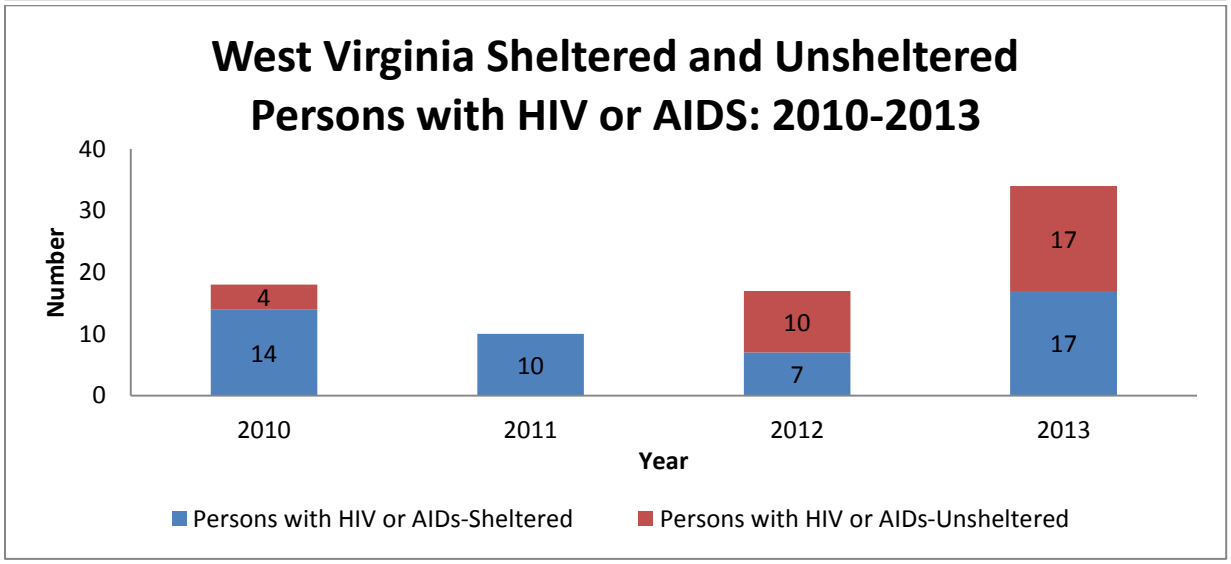


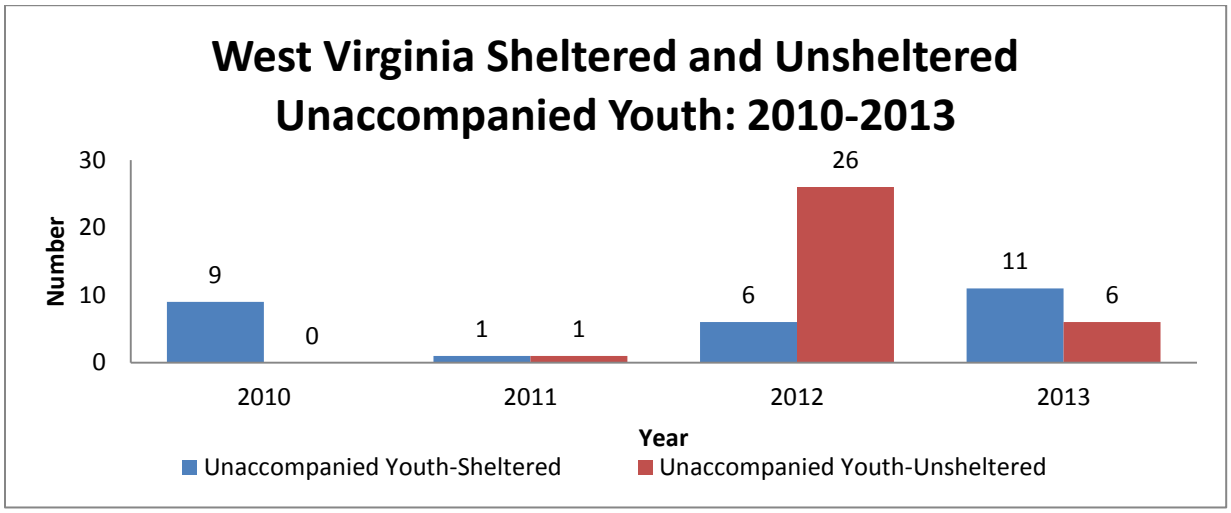


Source: West Virginia Coalition to End Homelessness, Annual Point in Time Count and Housing Inventory

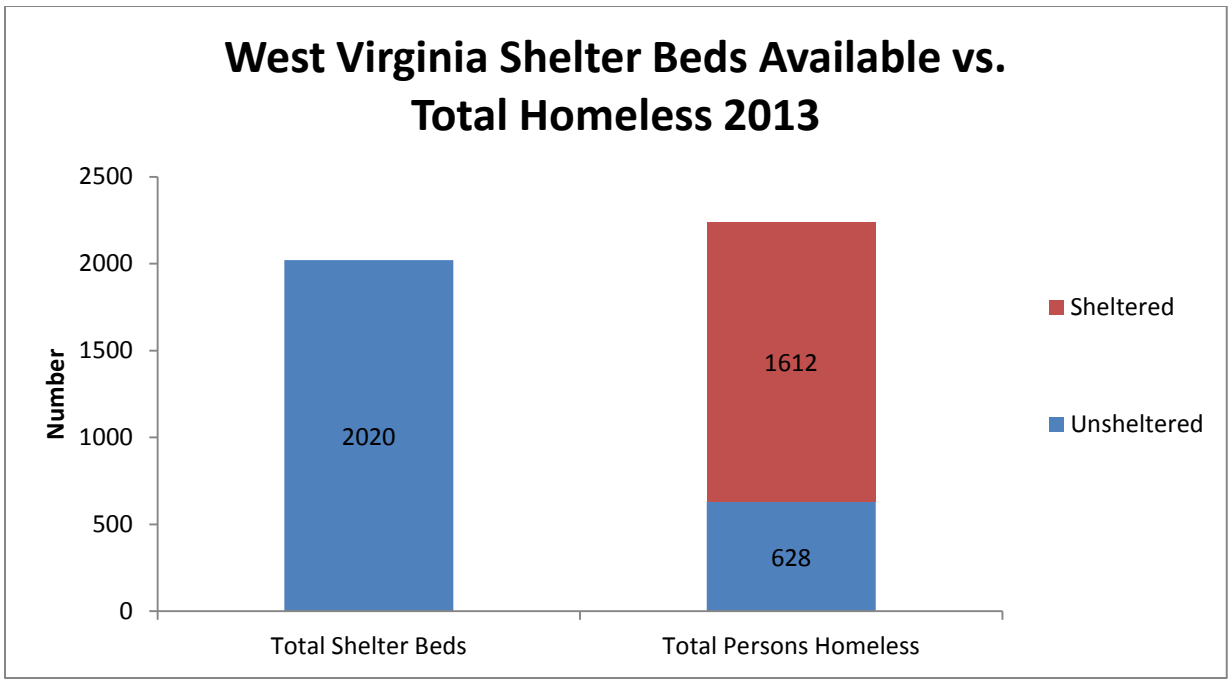
Note: The Point-in-Time count occurs every year and is a census of all homeless persons in West Virginia. Cities all across West Virginia and nationwide participate in similar counts and report the data to the Department of Housing and Urban Development (HUD).







Source: West Virginia Coalition to End Homelessness, Annual Point in Time Count and Housing Inventory
Note: The Point-in-Time count occurs every year and is a census of all homeless persons in West Virginia. Cities all across West Virginia and nationwide participate in similar counts and report the data to the Department of Housing and Urban Development (HUD).



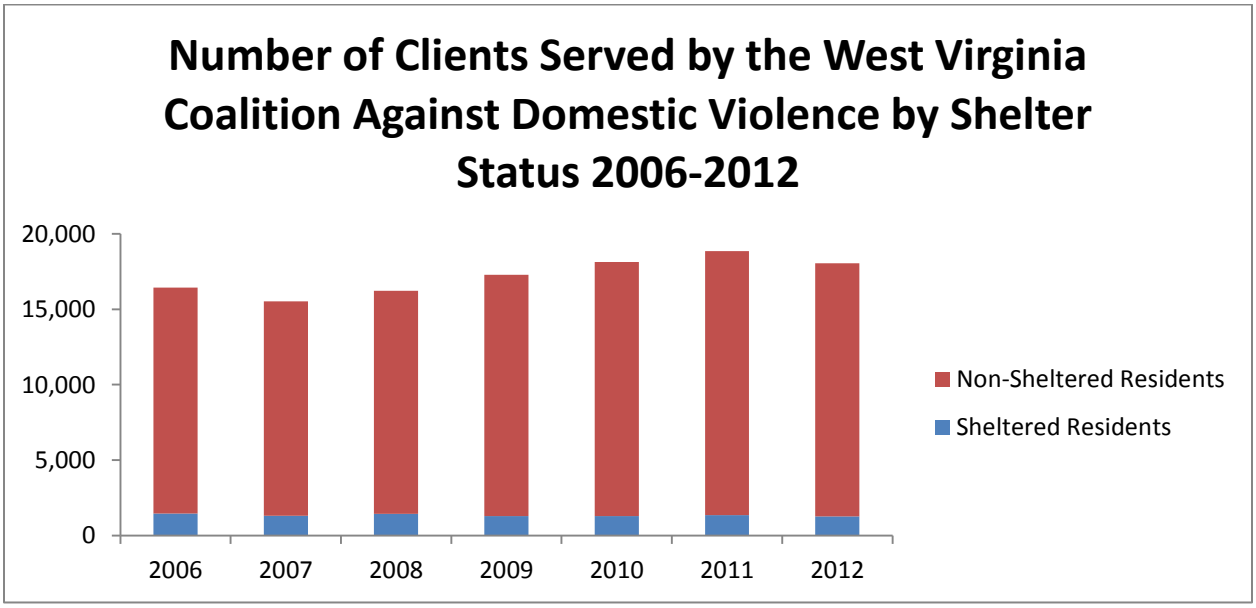
Source: West Virginia Coalition to End Homelessness, Annual Point in Time Count and Housing Inventory

Note: The Point-in-Time count occurs every year and is a census of all homeless persons in West Virginia. Cities all across West Virginia and nationwide participate in similar counts and report the data to the Department of Housing and Urban Development (HUD).

Domestic Violence

Indicator Description: This indicator examines the scope of domestic violence prevalence in West Virginia and how it is correlated to substance abuse as well as mental health.
Why Indicator is Important: According to SAMSHA, domestic violence is defined as the use of intentional emotional, psychological, sexual, or physical force in order to control another by a family member or intimate partner. Research by SAMSHA found rates of one-fourth to one-half of male abusers have a substance abuse problem. Also, substance abuse by women increases their likelihood of being a victim of domestic violence. This indicator is important because it examines the relationship between domestic violence and substance abuse, which can be used to improve prevention efforts in domestic violence, substance abuse and mental health.

The West Virginia Coalition Against Domestic Violence (WVCADV) served 18,038 residents in 2012 and of these individuals they sheltered 1,276 residents. Over 52% of the survivors served by the coalition were between the ages of 18-49 in 2012 (23.5% of the survivors did not have a listed age in the WVCADV database). In 2012, 3.5% survivors were identified as having a mental illness and 11.6% were referred to a mental health facility or provider. Over 29.5% of the hours of services provided by the WVCADV were for case management. The veteran status of survivors served by the WVCADV in 2012 included 41 veterans, 9 enlisted in the military and 1 other.

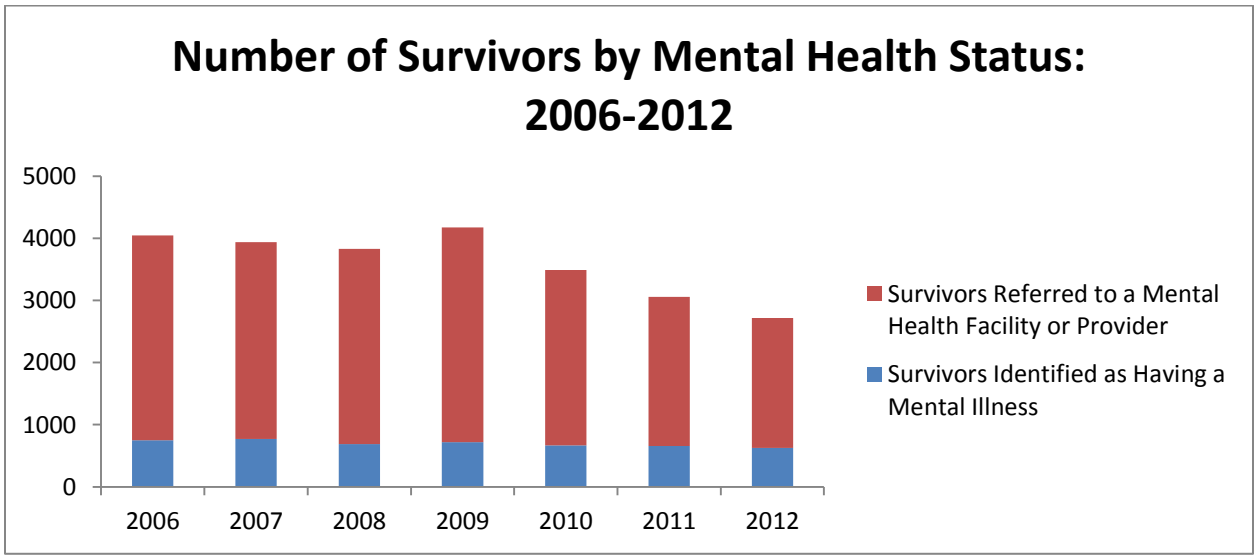


Number of Clients Served by the West Virginia Coalition Against Domestic Violence by Shelter Status: 2006-2012

	2006	2007	2008	2009	2010	2011	2012
Sheltered Residents	1,453	1,322	1,452	1,300	1,294	1,350	1,276
Non-Sheltered Residents	14,979	14,192	14,778	15,973	16,830	17,502	16,762

Source: West Virginia Coalition Against Domestic Violence

Age of Survivors Served by the West Virginia Coalition Against Domestic Violence by Shelter Status: 2006-2012							
Age	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Not Stated	3,857	3,459	3,692	3,807	3,873	4,734	4,230
1-12	880	961	1,051	1,197	1,484	1,651	1,612
13-17	607	501	528	479	526	587	573
18-29	2,474	2,603	2,977	3,370	3,888	3,798	3,814
30-39	3,449	3,314	3,323	3,684	3,632	3,609	3,365
40-49	2,815	2,517	2,445	2,517	2,514	2,425	2,265
50-59	1,499	1,360	1,305	1,365	1,364	1,368	1,289
60+	845	723	683	692	691	728	806
Source: West Virginia Coalition Against Domestic Violence							

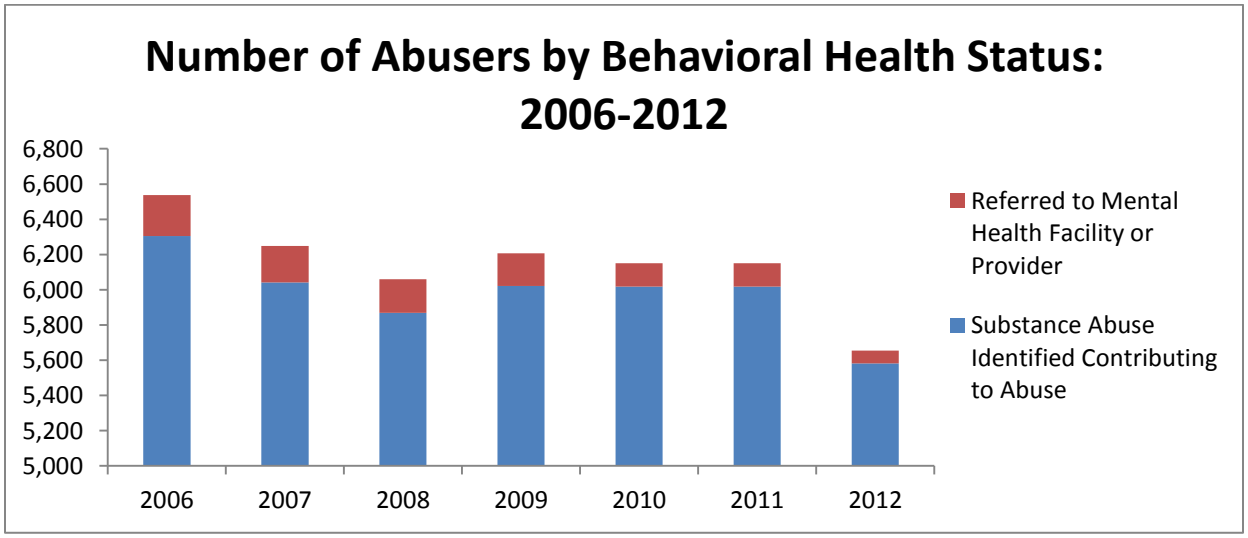


Mental Health Status of Survivors: 2006-2012								
		2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Survivors Identified as Having a Mental Illness	**#**	751	771	687	718	669	657	625
	%	4.1%	4.4%	3.8%	3.7%	3.3%	3.5%	3.5%
Survivors Referred to a Mental Health Facility or Provider	**#**	3294	3167	3144	3456	2821	2,400	2,094
	%	17.9%	18.1%	17.2%	17.9%	14.0%	12.7%	11.6%
Source: West Virginia Coalition Against Domestic Violence								

Total Hours of Services Provided							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Crisis Counseling	6098	4485	6381	6085	6095	7,690	6,621
Follow-up	8703	12114	10771	11602	11049	11,468	6,758
Therapy	2166	1721	1789	1516	1651	2,038	2,897
Hotline Counseling	3046	3418	3458	2903	3165	3,630	2,864
Information & Referral	3274	3433	4376	4441	4251	4,340	3,542
Criminal Justice Advocacy	1701	1657	1778	1692	1255	1,319	2,248
Financial Assistance	137	171	223	97	338	136	140
Legal Advocacy	7467	5439	6308	5465	5028	1901	1,122
Victim Compensation	16	76	61	36	1016	1,395	1,186
Personal Advocacy	10733	10181	12989	13446	11346	8,947	9,950
Case Management	33511	21943	24893	24984	24843	14,019	25,329
Visitation/Exchange	8006	5157	6597	4720	6423	8,585	9,980
Safety Planning	374	816	1547	1419	1508	1,985	3,127
Civil Legal Advocacy	1631	3486	4024	6234	7687	9,821	9,078
Medical Advocacy	221	232	347	271	358	301	1,121
Source: West Virginia Coalition Against Domestic Violence							

Veteran Status of Survivors Served: 2006-2012							
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Veteran	30	31	38	35	32	29	41
Enlisted	7	3	5	3	11	8	9
Other	1	3	1	3	5	1	1
Source: West Virginia Coalition Against Domestic Violence							

In 2012, substance abuse was identified as contributing to abuse in 45.7% of WVCADV cases and 0.7% were referred to a mental health facility or provider. Fifty-eight percent of the abusers were reported to be between the ages of 18-49 in 2012 (29.4% of the abusers did not have a listed age in the WVCADV database). The veteran status of the abusers in 2012 included 187 veterans, 39 enlisted in the military and 2 other (WVCADV).

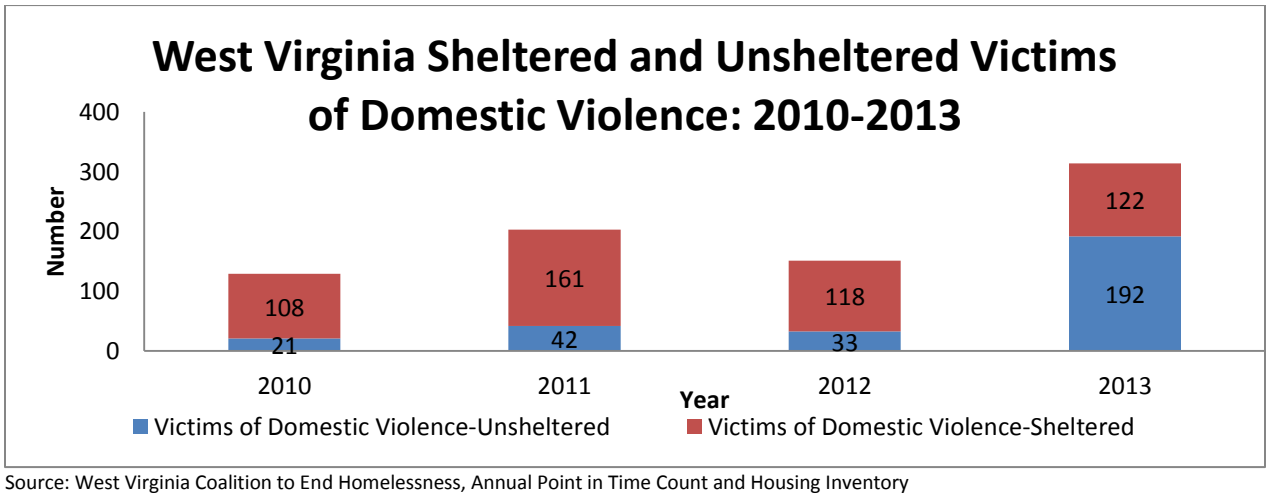


Behavioral Health Status of Abusers: 2006-2012								
		2006	2007	2008	2009	2010	2011	2012
Substance Abuse Identified Contributing to Abuse	#	6,305	6,041	5,868	6,021	6,017	6,017	5,581
	%	34.2%	34.5%	32.2%	31.2%	29.9%	29.9%	45.7%
Referred to Mental Health Facility or Provider	#	232	208	191	185	134	134	74
	%	11.6%	10.4%	9.5%	9.2%	6.7%	6.7%	0.7%
Source: West Virginia Coalition Against Domestic Violence								

Age of Abusers							
	2006	2007	2008	2009	2010	2011	2012
Not Stated	5005	4726	4954	4713	4820	5,357	4,874
1-12	24	9	19	13	12	18	12
13-17	150	126	127	140	181	194	134
18-29	3942	3732	3759	4148	4251	4,139	3,598
30-39	3859	3776	4007	4003	4415	3,988	3,531
40-49	2749	2624	2469	2745	1798	2,740	2,546
50-59	1219	1256	1265	1189	1350	1,329	1,277
60+	481	480	437	475	537	579	625
Source: West Virginia Coalition Against Domestic Violence							

Veteran Status of Abusers							
	2006	2007	2008	2009	2010	2011	2012
Veteran	241	232	208	216	280	210	187
Enlisted	46	34	35	38	40	32	39
Other	20	28	36	45	47	4	2
Source: West Virginia Coalition Against Domestic Violence							

According to the West Virginia Coalition to End Homelessness, Point in Time Count and Housing Inventory 11.9% of the sheltered homeless and 19.4% of the unsheltered homeless indicated they were victims of domestic violence. There was an increase in the reported domestic violence victims among the sheltered and unsheltered homeless population in West Virginia between 2012 and 2013: 481.8% increase among the unsheltered and 3.4% increase among the sheltered.



Source: West Virginia Coalition to End Homelessness, Annual Point in Time Count and Housing Inventory

Note: The Point-in-Time count occurs every year and is a census of all homeless persons in West Virginia. Cities all across West Virginia and nationwide participate in similar counts and report the data to the Department of Housing and Urban Development (HUD).

Sexual Assault

Indicator Description: This indicator examines the number of sexual assault offenses reported in West Virginia.

Why Indicator is Important: According to the CDC millions of women and men are affected by the serious public health problem of sexual violence. It is estimated that 1 in 5 women and 1 in 71 men have been raped in their lifetime. Almost 1 in 2 women and 1 in 5 men at some point in their lifetime have experienced other forms of sexual violence. Often statistics for sexual assault are under estimated due to many victims not reporting their assaults. There are many ways in which sexual violence impacts health such as: chronic pain, headaches, sexually transmitted diseases, depression, suicidal thoughts, fearfulness or anxiety, eating disorders, and difficulty trusting others.

There were 1,163 sexual assault offenses reported in West Virginia in 2011. The leading causes of sexual assault offenses in West Virginia were from forcible fondling (37.2%) and forcible rape (32.7%) in 2011 (WVIBRS).

Number of Violent Offenses Reported in West Virginia (2004-2011)

Offense	2004	2005	2006	2007	2008	2009	2010	2011
Forcible Rape	*371*	*323*	*373*	*362*	*366*	*367*	398	380
Forcible Sodomy	*105*	*91*	*87*	*82*	*82*	*77*	91	68
Sexual Assault With An Object	*166*	*184*	*182*	*211*	*268*	*207*	229	213
Forcible Fondling	*450*	*465*	*461*	*515*	*459*	*427*	507	433
Incest	*21*	*20*	*33*	*18*	*21*	*17*	21	16
Statutory Rape	*119*	*114*	*85*	*81*	*80*	*74*	67	53
Sexual Assaults Total	**1,232**	**1,197**	**1,221**	**1,269**	**1,276**	**1,169**	**1,313**	**1,163**

Source: West Virginia Incident-Based Reporting System (WVIBRS)
Notes: Caution should be used when making year to year comparisons due to differences in reporting levels of agencies over time.

Acronym Glossary

Title	Acronym
Alcohol Epidemiological Data System	AEDS
Alcohol-Related Disease Impact	ARDI
Behavioral Risk Factor Surveillance System	BRFSS
Bureau for Behavioral Health and Health Facilities	BBHHF
CDC WONDER Online Database	CDC WONDER
Centers for Disease Control and Prevention	CDC
Fatality Analysis Reporting System	FARS
National Institute on Alcohol Abuse and Alcoholism	NIAAA
National Survey on Drug Use and Health	NSDUH
Pregnancy Risk Assessment Monitoring System	PRAMS
Single State Authority	SSA
Smoking-Attributable Mortality, Morbidity, and Economic Costs	SAMMEC
State Epidemiological Outcomes Workgroup	SEOW
Substance Abuse and Mental Health Services Administration	SAMHSA
Treatment Episode Data Set	TEDS
Uniform Billing Database (UB)	UB
Vital Statistics System	VSS
West Virginia Coalition Against Domestic Violence	WVCADV
West Virginia Coalition to End Homelessness	WVCEH
West Virginia Health Statistics Center	WVHSC
West Virginia Incident-Based Reporting System	WVIBRS
West Virginia Juvenile Justice Database	WVJJDB
West Virginia Office of Epidemiology and Prevention Services	OEPS
West Virginia Poison Center	WVPC
West Virginia Prescription Drug Abuse Quitline	WVPDAQ
West Virginia Traffic Accident Database	WVTAD
West Virginia Youth Tobacco Survey	YTS
Youth Risk Behavioral Surveillance System	YRBS

Appendix A

TEDS Data

Percentage of Total Treatment Admissions Reporting Alcohol as Their Primary Substance of Abuse: 2002-2010															
West Virginia															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	56.6	67.3	32.7	1.9	4.5	7.1	10.9	11.3	18.4	20.7	15.4	6	2.3	1.1	0.4
2003	52.4	74.8	25	1.7	3.9	11.7	14.1	13.1	13.4	13.8	12.2	8.5	4	2.1	1.5
2004	48.7	76	23.8	2.7	5.4	13.2	12.9	12.6	14.9	15.1	9.9	6.3	4.1	1.6	1.2
2005	41.1	75.9	24	1.8	3.4	12.7	11.4	12.3	13.3	14.6	13.9	8.2	4.8	1.8	1.8
2006	42.1	77.3	22.5	1.2	3.9	12.9	13	12.4	13.3	15	12	7.8	4.8	2.1	1.6
2007	41	75	24.9	1.4	3.6	11.6	12.9	12.3	15	14.7	12.3	8	5.2	1.6	1.3
2008	41.3	76	23.9	1.7	3.9	11.7	14.1	13.1	13.4	13.8	12.2	8.5	4	2.1	1.5
2009	40.6	76	24	1.1	4	11.5	13.7	12.9	12.6	12.4	12.7	9.7	4.8	2.4	2.1
2010	28.4	74.1	25.9	4.2	7	17.6	19.2	15.5	11.8	8.2	7.5	4.8	2.9	0.8	0.6
United States															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	23.7	76.2	23.7	2.4	3.7	8.9	9	12	17.1	17.6	13.4	7.9	4.2	2	1.5
2003	23.1	75.4	24.6	2.5	3.8	9.3	8.9	11.8	15.9	17.8	13.6	8.2	4.4	2.1	1.6
2004	22.3	74.9	25.1	2.6	3.9	10	9.2	11.2	14.8	17.6	13.7	8.6	4.5	2.1	1.6
2005	21.7	75	25	2.4	3.8	10.2	9.5	10.7	13.7	17.5	14.3	9.1	4.8	2.3	1.6
2006	22.1	74.3	25.7	2.6	3.9	10.4	10	10.2	13.1	16.7	14.7	9.5	5	2.2	1.5
2007	22.7	73.7	26.3	2.7	4	10.4	10.4	9.8	12.7	16.2	15	9.6	5.2	2.2	1.5
2008	23.3	73.2	26.7	2.5	3.8	10.4	10.8	9.9	12.3	15.5	15.4	10.2	5.3	2.3	1.5
2009	23.3	73.1	26.9	2.3	3.7	10.3	11.1	10.1	11.9	14.5	15.7	10.6	5.5	2.4	1.6
2010	22.3	72.2	27.8	1.9	3.2	9.8	10.9	10.2	11.5	13.8	15.8	11.1	6.1	2.7	1.7
Percentage of Total Treatment Admissions Reporting Alcohol with Secondary Drug as Their Primary Substance of Abuse: 2002-2010															
West Virginia															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	7.4	68.6	31.4	11.4	2.9	17.1	5.7	28.6	14.3	8.6	11.4	0	0	0	0
2003	6.1	65	34.6	3.8	6	17.7	18.4	14.2	10.7	11	11.7	4.9	1.6	0	0
2004	6.1	68.6	31.4	5.6	8.7	21.3	13.2	14.3	11.1	11.8	9.8	3.8	0.3	0	0
2005	9.6	75.7	24.3	5.2	6.6	18.7	16.8	14	13.7	12.6	8.3	2.9	1.1	0	0.1
2006	11.5	73.1	26.7	3.5	6.6	17.2	17.7	16.3	10.8	14.1	8.5	4.1	1.2	0	0.1
2007	11	73.3	26.7	3.8	6	17.4	18.8	13.2	14.6	11.5	9.4	4	1	0.1	0.1
2008	8.4	74.6	25.3	3.8	6	17.7	18.4	14.2	10.7	11	11.7	4.9	1.6	0	0
2009	8.1	70.7	29.2	2.8	5.6	16	17.6	15.6	11.8	14	9	5.6	1.5	0.4	0
2010	13	70.8	29.2	0.7	2.6	10.8	12.8	12.3	13.9	13.7	13.9	9.7	5.5	2.3	1.8
United States															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	19.3	73.8	26.2	6	6.3	12.4	11.1	15.7	19.2	15.7	8.3	3.5	1.1	0.3	0.2
2003	18.5	73.7	26.2	5.5	6.1	12.8	10.8	14.6	18.4	16.5	9.3	3.9	1.3	0.4	0.2
2004	18	73.7	26.2	5.5	6.1	13.2	11.2	13.5	17	16.7	10.2	4.2	1.5	0.4	0.3

2005	17.6	73.9	26.1	5.1	5.9	13.4	11.5	12.5	16	17.3	11	4.8	1.6	0.5	0.3
2006	17.7	73.5	26.4	5.1	5.9	13.5	12.1	11.7	15.1	16.9	11.5	5.4	1.8	0.5	0.3
2007	18.1	72.8	27.2	5.1	5.9	13.3	12.8	10.9	14.3	16.3	12.4	5.9	2.1	0.6	0.2
2008	18.1	72.4	27.5	4.9	5.8	13.4	13.4	10.9	13.3	15.4	12.8	6.5	2.4	0.6	0.2
2009	18.3	72.9	27.1	4.5	5.6	13.4	13.7	11.1	12.6	14.5	13.3	7.2	2.7	0.8	0.3
2010	18.1	72.1	27.8	4	5.3	13.1	13.7	11.5	11.8	13.7	13.6	7.9	3.1	0.9	0.3

Percentage of Total Treatment Admissions Reporting Cocaine (smoked) as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2003	0.1	0	100	0	0	0	25	25	25	0	25	0	0	0	0
2004	0.6	23.3	76.7	3.3	0	16.7	16.7	23.3	23.3	13.3	0	3.3	0	0	0
2005	1.9	34.6	64.9	1.6	3.2	18.6	11.2	19.1	21.3	13.3	8.5	2.1	0.5	0.5	0
2006	3.7	36.9	62.9	0.9	4.8	11	15.2	22.2	16.9	16.9	7.3	3.5	1.3	0	0
2007	2.6	45.3	54.7	0	1.3	10.5	21.2	16.9	20.1	14.2	9.4	4.6	1.1	0.8	0
2008	2.2	44	56	0	2.5	13.9	12.4	15.2	26	12.4	10.5	5.3	1.5	0	0.3
2009	2.1	36.3	63.7	0	1.6	6.8	20	17.4	17.9	16.3	13.2	5.8	1.1	0	0
2010	1.3	41.2	58.8	0	0	13.7	11.8	27.5	23.5	9.8	3.9	7.8	2	0	0

United States

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	9.5	58.5	41.5	0.6	2.0	6.7	11.2	21.1	25.9	19.1	8.8	3.1	0.9	0.3	0.1
2003	9.9	59.0	40.9	0.7	2.1	7.0	10.3	19.5	24.9	20.4	10.0	3.6	1.0	0.3	0.1
2004	9.9	58.4	41.5	0.6	2.1	7.1	10.1	17.7	23.6	21.2	11.4	4.1	1.2	0.4	0.1
2005	10.2	58.3	41.7	0.6	2.2	7.4	10.2	16.1	22.2	21.8	12.6	4.8	1.5	0.4	0.2
2006	10.1	57.9	42.1	0.7	2.3	7.8	10.5	14.3	20.8	21.7	13.8	5.5	1.8	0.5	0.2
2007	9.5	57.2	42.8	0.5	2.1	7.4	10.7	13.0	19.8	21.6	15.4	6.5	2.1	0.5	0.2
2008	8.3	56.1	43.9	0.5	1.8	6.8	10.5	11.9	18.8	21.5	16.8	7.7	2.6	0.7	0.2
2009	6.8	56.4	43.6	0.3	1.4	6.0	9.9	11.3	17.6	21.8	18.2	9.2	3.0	0.9	0.3
2010	5.8	56.9	43.1	0.3	1.2	5.3	9.2	11.2	15.8	20.9	19.0	10.6	3.6	0.9	0.3

Percentage of Total Treatment Admissions Reporting Cocaine (Other Route) as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	5.3	48	48	0	8	16	20	16	12	24	0	0	0	4	0
2003	7.2	51	48.3	2.7	4.3	21.3	15.7	21	13.7	13	4.7	2.7	1	0	0
2004	8.1	49.3	50.4	1.6	3.9	17.8	21.3	18.4	17.1	10.8	6.3	2.4	0.3	0.3	0
2005	6.7	51.5	48.2	2.4	3.7	20.7	24.7	16.2	15.1	9.5	3.5	2.1	1.5	0.6	0
2006	6.3	53.4	46.2	2.6	7.2	18.3	18.8	16.7	13.7	12.6	7.5	1.9	0.6	0	0
2007	4.9	53.4	46.6	0.9	4	16.3	25.9	18.6	10.6	9.2	8.5	4	0.9	1	0
2008	3	52.8	47.2	0.2	6.2	12.6	21.7	16.6	13.1	14.2	10.4	3.8	0.9	0	0.2
2009	1.4	50	50	0	2.4	13.7	27.4	18.5	18.5	7.3	5.6	4	2.4	0	0
2010	1.3	63.3	36.7	2	6.1	10.2	30.6	24.5	14.3	4.1	4.1	4.1	0	0	0

United States

Year	**Total**	**Gender**	**Age**

		Male	Female	12-17	18-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+
2002	3.5	67.0	33.0	2.7	5.1	12.8	13.9	18.8	20.8	14.8	7.0	2.5	0.9	0.2	0.1
2003	3.7	66.2	33.7	2.9	5.4	14.0	14.3	17.4	19.2	15.0	7.3	2.8	0.9	0.3	0.1
2004	3.9	66.0	33.9	3.2	5.7	14.3	14.6	16.8	17.4	15.1	8.1	3.0	0.9	0.3	0.1
2005	4.0	64.9	35.1	3.4	6.2	15.2	15.6	15.6	16.1	14.7	8.2	3.3	1.1	0.3	0.1
2006	4.1	64.1	35.9	3.7	6.6	16.0	16.9	14.6	15.0	13.6	8.3	3.6	1.2	0.3	0.1
2007	3.8	64.0	36.0	3.3	6.2	15.7	17.7	13.9	14.7	13.2	9.1	3.9	1.3	0.4	0.1
2008	3.3	64.5	35.5	2.7	5.6	14.8	17.7	14.4	14.4	13.7	9.7	4.6	1.5	0.4	0.2
2009	2.7	65.4	34.5	1.8	4.5	13.0	17.4	14.9	14.5	14.1	11.4	5.5	1.9	0.5	0.2
2010	2.4	67.0	33.0	1.9	4.0	12.1	16.7	15.0	14.0	14.1	11.7	6.5	2.2	0.6	0.2

Percentage of Total Treatment Admissions Reporting Marijuana as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	17.2	64.2	35.8	34.6	8.6	12.3	12.3	12.3	11.1	7.4	0	0	1.2	0	0
2003	16.1	64	36	34.6	13.4	19.4	11.9	7.9	6.4	3.6	1.9	0.7	0	0	0
2004	16.3	66.6	33	34.1	12.8	18.4	11.7	7.2	7.5	4.2	2.9	0.5	0.5	0	0
2005	14.2	68.8	31.1	32.4	10.2	16.9	13.9	9.8	7.1	5	3.3	1.4	0.1	0	0
2006	12.4	66	33.8	25.9	12.2	20.4	16	9.3	6.7	4.5	2.3	1.7	0.8	0.1	0
2007	13.6	65.7	34	23.9	12	21.5	17.2	9.5	6.5	5.5	2.1	1.3	0.4	0	0
2008	13	63.8	36.1	23.3	12	19.6	15.4	9.6	8.4	5.6	3.6	1.4	0.7	0.2	0.2
2009	11.8	67.4	32.6	23.5	13.5	21	15.9	9.9	6.3	4	3.7	1.6	0.3	0.4	0
2010	12.3	66.1	33.9	24.3	16.8	17.9	10	10.9	7.7	5.3	5.5	0.9	0.4	0.2	0

United States

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	15.3	75.5	24.5	34.4	16.2	19.6	10.3	7.4	5.6	3.5	1.7	0.6	0.2	0.0	0.0
2003	15.6	74.7	25.3	34.7	15.9	19.7	10.5	7.3	5.4	3.6	1.7	0.7	0.2	0.1	0.0
2004	15.8	74.1	25.8	32.7	15.6	20.5	11.2	7.4	5.3	3.9	2.0	0.8	0.3	0.1	0.0
2005	16.0	73.4	26.5	31.7	15.3	20.7	12.1	7.3	5.3	4.0	2.2	0.9	0.3	0.1	0.0
2006	16.0	73.5	26.5	30.9	15.0	20.4	12.8	7.5	5.3	4.0	2.3	0.9	0.3	0.1	0.0
2007	16.1	73.1	26.9	30.3	15.1	20.2	13.4	7.4	5.3	3.9	2.5	1.1	0.4	0.1	0.0
2008	17.3	73.4	26.6	30.4	15.2	19.9	13.6	7.5	5.2	3.8	2.5	1.1	0.4	0.1	0.1
2009	18.2	73.5	26.5	30.0	15.3	20.0	13.7	7.7	5.1	3.5	2.5	1.2	0.4	0.1	0.1
2010	18.6	73.2	26.8	28.4	14.7	19.8	13.8	8.2	5.2	3.5	2.6	1.3	0.5	0.1	0.1

Percentage of Total Admissions Reporting Heroin as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.4	100	0	50	0	50	0	0	0	0	0	0	0	0	0
2003	2.6	47.2	52.8	1.9	17	35.8	20.8	12.3	6.6	1.9	3.8	0	0	0	0
2004	3.4	44.7	55.3	2.5	15.1	39	14.5	11.9	10.1	2.5	3.1	0.6	0.6	0	0
2005	3.9	51.3	48.5	1.5	12.1	44.3	27.6	7.2	3.6	0.8	2.3	0.5	0	0	0
2006	2.8	54.3	45.5	0.9	13.3	41.9	23.2	10.9	2.4	1.2	4.3	1.7	0.2	0	0
2007	2.1	50.7	49.3	1.3	6	34.9	31.2	11.1	7	3.4	3.4	1.7	0	0	0
2008	2.6	48.8	51.2	0.5	7.2	36	32.4	12.6	5.4	2.1	2.3	1.3	0.3	0	0

2009	3.1	55.3	44.7	0	9.2	38.3	28.7	11.3	7.1	2.5	1.1	1.1	0.4	0.4	0
2010	4	45.4	54.6	0	9.2	30.9	32.2	11.8	9.2	2.6	2	1.3	0.7	0	0
United States															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	15.1	68.3	31.6	0.5	4.2	13.2	12.8	16.0	17.7	15.9	11.3	5.4	1.6	0.5	0.2
2003	14.7	67.8	32.2	0.5	4.3	13.6	12.7	15.5	17.2	15.7	11.7	5.9	1.8	0.5	0.2
2004	14.5	68.0	32.0	0.5	4.4	14.7	13.3	14.6	16.2	15.6	11.5	6.1	2.0	0.6	0.2
2005	13.7	68.3	31.7	0.5	4.7	15.1	13.7	13.7	15.7	15.1	11.6	6.6	2.3	0.7	0.3
2006	13.7	67.5	32.5	0.5	4.7	15.7	14.6	12.6	14.8	14.4	11.6	7.2	2.8	0.7	0.3
2007	13.3	68.1	31.9	0.4	4.6	15.9	15.5	12.0	14.3	14.1	11.5	7.3	3.1	0.8	0.3
2008	13.7	67.3	32.6	0.5	5.2	17.1	16.3	11.6	12.9	13.2	11.1	7.4	3.3	0.9	0.3
2009	14.0	67.3	32.7	0.5	5.7	18.6	17.4	11.8	11.8	12.3	10.3	6.8	3.3	0.9	0.3
2010	13.9	66.6	33.4	0.5	5.7	19.3	18.0	12.0	10.6	10.9	9.6	6.6	3.4	1.0	0.3
Percentage of Total Admissions Reporting Other Opiates as Their Primary Substance of Abuse by Gender and Age: 2002-2010															
West Virginia															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	8.7	46.3	53.7	7.3	4.9	31.7	7.3	9.8	19.5	12.2	2.4	4.9	0	0	0
2003	11.5	53.3	46.7	5	7.1	28	23	14.6	8.8	8.6	3.1	0.4	0.6	0.4	0.2
2004	12.2	49.1	50.7	2.8	7.9	28.1	23.1	14.3	10.3	8.2	3.8	1.2	0	0.2	0
2005	16.6	50.2	49.6	2.1	7.5	26	22.8	16.5	10.7	5.6	5.1	2.4	0.7	0.4	0.1
2006	15.7	51	48.9	2.8	8	26.9	27	14	8	5.8	4.1	2.5	0.6	0.1	0.1
2007	20.2	49.7	50.2	3.1	6.5	27.4	26.1	15.9	8.7	5.1	4.1	2	0.8	0	0.2
2008	24.8	48.3	51.4	2	5.9	24.8	26.8	17.4	9.3	6.5	3.8	2.5	0.7	0.3	0.1
2009	28.1	49.2	50.7	1.4	6.8	23.8	26.8	19.1	9.7	5.4	4.1	1.7	0.9	0.2	0.1
2010	34.9	49.8	50.1	1.3	7.1	23	26	19.6	10.6	5.4	3.2	2.2	1.4	0.2	0
United States															
Year	**Total**	**Gender**		**Age**											
		Male	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	2.4	53.5	46.5	1.5	5.2	14.9	14.6	15.6	15.6	14.9	10.3	4.5	1.4	0.5	0.4
2003	2.8	53.2	46.8	1.8	6.1	17.9	15.4	14.8	14.1	13.3	9.4	4.3	1.6	0.6	0.3
2004	3.4	53.0	46.9	1.8	6.7	19.7	16.4	14.5	12.6	12.4	8.8	4.4	1.6	0.5	0.4
2005	3.8	53.4	46.5	1.7	6.6	21.4	18.1	13.9	11.5	11.0	8.4	4.7	1.7	0.6	0.3
2006	4.3	53.5	46.4	1.7	6.6	22.7	19.7	13.3	11.0	10.1	7.9	4.5	1.7	0.5	0.3
2007	5.1	53.2	46.8	1.7	7.0	23.5	20.9	13.2	10.7	8.7	7.3	4.4	1.7	0.5	0.3
2008	6.0	52.8	47.1	2.0	7.4	23.7	22.6	13.3	9.7	7.9	6.6	4.2	1.7	0.5	0.2
2009	7.1	53.3	46.7	2.0	7.9	24.4	23.5	13.6	9.4	6.9	5.9	3.8	1.6	0.5	0.2
2010	8.7	53.4	46.6	1.7	8.1	24.9	23.7	14.0	8.6	6.2	5.2	3.6	1.6	0.5	0.2
Percentage of Total Treatment Admissions Reporting Phencyclidine (PSP) as Their Primary Substance of Abuse by Gender and Age: 2002-2010															
West Virginia															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2003	0	0	100	0	0	0	0	0	100	0	0	0	0	0	0
2004	0	100	0	0	0	0	0	50	0	50	0	0	0	0	0

2005	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
2006	0	80	20	0	40	20	40	0	0	0	0	0	0	0	0
2007	0	0	100	0	0	0	0	100	0	0	0	0	0	0	0
2008	0	100	0	0	0	0	0	0	0	100	0	0	0	0	0
2009	0	100	0	0	0	0	0	0	0	0	100	0	0	0	0
2010	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

United States

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.2	66.9	33.0	4.9	10.4	28.5	18.3	14.3	12.7	7.5	2.5	0.6	0.3	0.0	0.1
2003	0.2	67.3	32.7	4.0	10.9	28.7	19.1	14.6	11.2	7.0	3.2	0.9	0.3	0.2	0.0
2004	0.2	66.2	33.8	2.9	8.0	27.9	21.3	14.6	11.3	8.3	3.6	1.3	0.4	0.1	0.1
2005	0.2	68.7	31.3	3.2	6.3	27.6	22.4	14.5	11.6	9.1	3.7	1.1	0.4	0.0	0.1
2006	0.1	70.9	29.1	3.5	5.7	25.6	24.8	14.8	10.7	8.5	4.8	1.1	0.3	0.1	0.0
2007	0.2	66.0	34.0	2.1	5.2	23.6	29.6	15.9	9.4	7.5	4.5	1.4	0.3	0.1	0.1
2008	0.2	62.6	37.4	1.7	5.6	23.1	29.2	15.5	10.6	7.5	4.8	1.6	0.3	0.0	0.0
2009	0.2	60.9	39.0	1.3	5.1	21.5	30.1	17.4	9.3	7.4	5.1	2.2	0.4	0.0	0.0
2010	0.3	59.5	40.4	0.7	4.2	19.2	29.5	19.3	8.8	6.4	5.1	1.7	0.4	0.1	0.0

Percentage of Total Treatment Admissions Reporting Hallucinogens as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.2	100	0	100	0	0	0	0	0	0	0	0	0	0	0
2003	0.1	80	20	0	40	20	20	20	0	0	0	0	0	0	0
2004	0.1	60	40	20	40	40	0	0	0	0	0	0	0	0	0
2005	0.1	100	0	0	14.3	85.7	0	0	0	0	0	0	0	0	0
2006	0.1	76.9	23.1	0	53.8	15.4	15.4	15.4	0	0	0	0	0	0	0
2007	0	100	0	0	0	100	0	0	0	0	0	0	0	0	0
2008	0.1	66.7	33.3	44.4	22.2	22.2	11.1	0	0	0	0	0	0	0	0
2009	0	66.7	33.3	0	0	33.3	0	0	0	0	66.7	0	0	0	0
2010	0.1	75	25	25	25	25	0	0	0	25	0	0	0	0	0

United States

		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.1	72.6	27.4	24.6	20.4	25.7	11.0	5.6	5.0	4.3	1.7	0.7	0.4	0.1	0.1
2003	0.1	73.5	26.4	19.7	20.4	27.6	12.7	6.8	5.0	3.8	2.2	1.1	0.4	0.0	0.2
2004	0.1	71.1	28.6	18.3	17.9	27.2	13.5	7.7	5.5	4.7	3.0	1.4	0.3	0.0	0.0
2005	0.1	72.5	27.5	16.1	18.2	26.4	15.8	7.8	5.3	5.0	2.5	2.2	0.5	0.2	0.0
2006	0.1	73.0	26.9	19.2	17.2	23.1	15.8	9.6	4.8	3.9	3.0	1.3	0.8	0.0	0.1
2007	0.1	72.8	27.2	24.9	15.9	20.5	15.5	8.3	5.7	3.1	3.1	1.3	0.9	0.1	0.1
2008	0.1	72.2	27.8	22.2	16.6	22.1	15.4	9.3	5.9	3.3	2.6	1.2	0.4	0.3	0.0
2009	0.1	71.2	28.8	23.5	16.9	20.5	16.0	8.9	5.0	3.4	3.2	1.8	0.2	0.3	0.1
2010	0.1	71.0	29.0	17.2	17.1	20.5	17.2	10.6	5.4	4.3	3.2	1.7	1.3	0.1	0.0

Percentage of Total Treatment Admissions Reporting Amphetamines as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

Year	**Total**	**Gender**	**Age**

		Male	Female	12-17	18-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+
2002	1.7	62.5	37.5	0	0	25	25	12.5	12.5	0	12.5	0	12.5	0	0
2003	1.4	45.6	52.6	3.5	12.3	24.6	19.3	17.5	5.3	14	1.8	1.8	0	0	0
2004	1.6	51.9	48.1	7.8	15.6	22.1	15.6	14.3	10.4	10.4	3.9	0	0	0	0
2005	2.7	52.8	46.8	7.2	7.2	28.3	21.9	19.2	7.9	3.4	4.2	0.8	0	0	0
2006	2.3	53.8	45.9	1.8	5.6	17.8	24.9	25.1	11.8	6.5	5	0.9	0	0.6	0
2007	1.8	51.7	47.9	2.3	6.6	17.8	25.5	22	13.5	7.3	2.3	1.2	0.8	0	0.8
2008	1.6	58.2	41.4	0.9	4.3	21.1	26.7	16.8	14.7	4.7	9.1	1.3	0.4	0	0
2009	1.3	50	50	0	1.8	15.8	24.6	22.8	10.5	10.5	9.6	4.4	0	0	0
2010	1.8	55.1	44.9	2.9	5.8	15.9	29	23.2	17.4	1.4	2.9	1.4	0	0	0

United States

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	6.5	55.6	44.3	4.7	8.6	19.8	18.0	18.1	15.5	9.8	3.8	1.2	0.3	0.1	0.0
2003	7.2	55.4	44.6	4.9	8.5	20.6	17.8	17.6	14.7	10.0	4.1	1.2	0.4	0.1	0.0
2004	7.9	54.8	45.1	5.2	8.5	21.7	18.2	16.7	13.6	9.8	4.4	1.3	0.3	0.1	0.0
2005	9.1	54.0	46.0	4.9	8.4	22.0	19.0	16.0	13.0	9.9	4.7	1.4	0.4	0.1	0.0
2006	8.3	53.7	46.2	3.8	7.1	21.0	20.1	15.8	13.6	10.6	5.5	1.8	0.5	0.1	0.0
2007	7.6	54.0	45.9	3.1	6.2	20.0	20.6	15.7	14.3	10.9	6.2	2.1	0.6	0.1	0.0
2008	6.3	54.5	45.5	2.3	5.1	18.3	21.2	16.2	14.7	11.3	7.1	2.7	0.7	0.2	0.0
2009	5.8	53.4	46.5	2.5	5.0	17.5	21.7	16.8	14.3	11.1	7.2	2.8	0.8	0.2	0.1
2010	6.1	52.7	47.2	2.6	4.9	16.9	21.7	17.4	14.1	10.6	7.3	3.1	0.9	0.2	0.1

Percentage of Total Treatment Admissions Reporting Tranquilizers as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.9	50	50	0	0	0	0	25	25	50	0	0	0	0	0
2003	1.1	53.3	46.7	20	4.4	17.8	15.6	8.9	6.7	17.8	8.9	0	0	0	0
2004	1.5	49.3	50.7	7.2	10.1	23.2	8.7	15.9	10.1	10.1	10.1	2.9	1.4	0	0
2005	2.1	44.4	55.1	7.8	8.3	22.4	19	12.7	6.3	7.3	6.3	3.4	3.9	1.5	1
2006	1.5	35.6	64.4	8.1	6.3	16.7	22.5	11.7	15.8	6.3	5.4	0.9	5	0.5	0.9
2007	1.6	38.3	61.7	7.4	7.8	21.7	17.4	15.7	7.8	11.3	5.2	2.6	1.3	0	1.7
2008	1.6	43.7	56.3	6.5	9	18.4	20.4	8.6	15.1	7.8	6.5	3.3	1.6	2	0.8
2009	2.2	39.8	60.2	5.1	5.1	23	15.8	11.7	13.3	10.7	9.2	3.6	1.5	0.5	0.5
2010	1.7	19.7	80.3	1.5	10.6	15.2	18.2	13.6	12.1	6.1	6.1	6.1	6.1	1.5	3

United States

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.4	50.0	50.0	4.8	6.3	10.9	10.5	13.5	15.4	14.5	10.9	5.1	2.0	1.2	1.2
2003	0.4	47.3	52.7	4.9	6.5	12.8	11.8	12.6	14.6	14.2	12.1	5.9	2.3	1.0	0.9
2004	0.5	47.7	52.3	5.2	6.2	13.7	12.1	12.3	13.6	14.8	11.8	5.7	2.5	1.1	0.8
2005	0.5	47.0	53.0	5.0	6.3	15.7	14.8	12.4	12.6	12.8	9.8	6.3	2.4	1.1	0.7
2006	0.5	47.8	52.2	4.0	6.2	16.2	15.2	12.5	12.0	12.5	10.8	6.0	2.8	0.8	0.6
2007	0.6	48.7	51.3	5.1	6.8	15.9	15.5	12.0	11.5	11.6	10.7	6.3	2.6	1.0	0.5
2008	0.6	49.5	50.5	4.8	7.8	17.2	17.1	11.8	10.8	10.5	8.9	6.5	2.8	0.9	0.6
2009	0.8	50.2	49.7	5.2	7.8	17.6	18.4	11.8	10.4	9.5	8.8	6.0	2.7	0.8	0.5
2010	0.9	49.9	50.1	4.4	7.8	17.4	18.8	13.6	9.8	8.7	7.8	5.9	3.1	1.1	0.5

Percentage of Total Treatment Admissions Reporting Sedatives as Their Primary Substance of Abuse by Gender and Age: 2002-2010															
West Virginia															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.4	50	50	0	0	50	0	0	0	0	50	0	0	0	0
2003	0.6	26.1	73.9	17.4	4.3	8.7	8.7	8.7	17.4	13	13	8.7	0	0	0
2004	0.5	37.5	62.5	25	8.3	8.3	12.5	8.3	25	4.2	8.3	0	0	0	0
2005	0.6	51.6	48.4	3.2	6.5	21	21	12.9	9.7	9.7	8.1	1.6	0	0	6.5
2006	0.8	45.6	53.5	7	7.9	19.3	18.4	14.9	16.7	4.4	6.1	5.3	0	0	0
2007	0.5	41.1	58.9	15.1	2.7	21.9	26	8.2	11	5.5	6.8	0	2.7	0	0
2008	1	48	52	4.7	10.8	14.9	12.8	23	8.1	8.8	10.1	2.7	1.4	2.7	0
2009	0.8	32	68	8	1.3	18.7	25.3	21.3	8	6.7	6.7	1.3	1.3	1.3	0
2010	0.7	33.3	66.7	3.7	14.8	7.4	29.6	14.8	7.4	7.4	7.4	3.7	3.7	0	0
United States															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.2	47.8	52.2	6.1	6.4	13.0	10.4	13.5	14.3	16.5	10.1	4.3	1.7	0.8	0.8
2003	0.2	47.9	52.1	6.5	5.8	13.9	13.3	13.1	14.2	14.6	10.0	4.7	1.9	0.8	0.9
2004	0.2	45.9	54.1	6.6	6.9	15.5	13.9	11.8	11.9	13.2	9.9	5.2	1.9	1.0	2.0
2005	0.2	44.2	55.8	5.7	6.2	15.8	13.3	12.7	12.0	11.5	10.1	5.4	2.4	1.5	3.0
2006	0.2	42.7	57.2	7.5	6.6	16.3	13.5	11.8	11.4	11.0	9.0	5.9	2.8	1.1	3.0
2007	0.2	42.3	57.6	9.1	7.0	17.3	15.1	10.2	10.0	9.3	9.0	5.6	2.8	1.4	3.1
2008	0.2	41.2	58.8	7.8	6.6	16.9	15.3	12.1	9.7	9.5	9.1	5.4	2.9	1.4	3.0
2009	0.3	41.4	58.6	6.8	6.6	18.6	19.0	11.4	9.6	8.1	7.6	5.8	3.1	0.9	2.4
2010	0.2	44.2	55.8	5.8	6.7	16.6	17.4	13.1	10.4	7.3	8.6	5.7	3.5	1.7	2.7
Percentage of Total Treatment Admissions Reporting Inhalants as Their Primary Substance of Abuse by Gender and Age: 2002-2010															
West Virginia															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.4	50	50	0	0	0	0	50	0	50	0	0	0	0	0
2003	0.5	73.7	26.3	57.9	5.3	10.5	0	10.5	5.3	10.5	0	0	0	0	0
2004	0.3	75	25	41.7	8.3	0	25	8.3	8.3	0	8.3	0	0	0	0
2005	0.2	81.3	18.8	56.3	12.5	0	0	0	6.3	6.3	6.3	0	12.5	0	0
2006	0.2	81.8	18.2	42.4	12.1	6.1	6.1	9.1	6.1	3	9.1	0	6.1	0	0
2007	0.2	63.3	36.7	40	16.7	0	10	6.7	13.3	6.7	0	6.7	0	0	0
2008	0.2	86.2	13.8	51.7	6.9	0	0	10.3	13.8	6.9	6.9	3.4	0	0	0
2009	0.1	60	40	30	0	10	0	10	0	20	10	10	10	0	0
2010	0.1	100	0	0	50	25	0	0	0	0	25	0	0	0	0
United States															
		Gender		**Age**											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.1	71.5	28.4	39.1	10.2	14.8	8.7	7.5	5.4	7.0	3.8	1.9	0.7	0.1	0.1
2003	0.1	73.7	26.2	42.9	7.0	14.9	8.8	6.5	7.6	5.6	4.3	1.6	0.5	0.2	0.0
2004	0.1	68.6	31.3	43.5	8.1	10.6	9.4	6.5	6.8	7.3	4.6	2.1	0.3	0.2	0.0
2005	0.1	65.0	35.0	35.0	7.6	11.4	10.3	8.5	8.1	7.0	6.3	3.2	1.4	0.4	0.2
2006	0.1	67.5	32.5	41.7	9.5	11.4	9.2	7.6	4.8	6.2	5.4	2.6	0.5	0.4	0.2

2007	0.1	64.3	35.5	43.6	10.3	10.3	10.4	6.0	5.6	5.5	4.8	1.7	1.1	0.1	0.0
2008	0.1	63.5	36.5	38.7	8.7	11.4	10.5	8.0	7.6	6.0	3.8	2.9	0.8	0.1	0.1
2009	0.1	61.5	38.5	33.6	10.0	11.7	10.5	8.2	8.6	5.6	6.2	3.0	1.6	0.2	0.1
2010	0.1	60.7	39.3	28.3	10.6	13.0	11.1	10.4	7.0	5.6	7.1	3.5	1.7	0.3	0.0

Percentage of Total Treatment Admissions Reporting Other/Unknown as Their Primary Substance of Abuse by Gender and Age: 2002-2010

West Virginia

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	0.6	66.7	33.3	0	0	0	0	0	0	33.3	0	33.3	33.3	0	0
2003	0.4	53.3	46.7	33.3	6.7	13.3	0	20	13.3	0	0	13.3	0	0	0
2004	0.5	39.1	60.9	30.4	4.3	17.4	8.7	4.3	17.4	8.7	4.3	0	4.3	0	0
2005	0.5	51.1	48.9	31.9	6.4	12.8	23.4	10.6	8.5	2.1	2.1	0	0	0	2.1
2006	0.5	39.4	60.6	16.9	1.4	21.1	18.3	16.9	9.9	9.9	2.8	1.4	1.4	0	0
2007	0.3	54.3	45.7	2.2	6.5	15.2	21.7	10.9	21.7	6.5	6.5	0	8.7	0	0
2008	0.2	32.4	67.6	5.9	14.7	17.6	17.6	17.6	5.9	5.9	5.9	2.9	0	5.9	0
2009	0.4	31.3	68.8	9.4	6.3	18.8	18.8	21.9	3.1	6.3	9.4	6.3	0	0	0
2010	0.4	50	50	21.4	7.1	21.4	7.1	14.3	7.1	7.1	7.1	7.1	0	0	0

United States

		Gender		Age											
Year	**Total**	**Male**	**Female**	**12-17**	**18-20**	**21-25**	**26-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66+**
2002	3.6	62.3	37.6	18.7	6.8	12.4	11.3	12.2	13.2	11.0	7.3	3.7	1.8	0.8	0.6
2003	3.2	61.1	38.8	19.6	6.4	12.7	11.0	11.6	12.1	11.1	7.5	4.1	2.0	0.8	0.7
2004	3.3	58.3	41.5	15.8	6.5	13.0	11.5	12.0	12.2	12.0	8.2	4.5	2.4	1.0	0.8
2005	2.8	62.1	37.7	10.4	6.8	15.2	13.4	12.5	12.3	12.2	8.5	4.7	2.2	1.0	0.7
2006	2.7	60.0	39.7	10.5	7.0	15.4	14.0	11.9	11.8	11.6	8.6	4.9	2.4	1.0	0.6
2007	2.6	60.1	39.6	11.8	6.7	14.7	14.2	10.6	11.0	11.2	9.2	5.5	2.5	1.1	0.8
2008	2.5	59.2	40.7	12.5	6.8	14.5	14.3	10.3	10.4	10.4	9.2	6.0	2.8	1.1	1.2
2009	2.3	58.1	39.1	11.4	7.7	15.3	14.8	10.9	10.1	9.4	8.9	5.8	3.0	1.3	1.2
2010	2.4	57.9	37.2	9.9	7.9	16.3	14.5	11.0	9.7	9.6	8.9	6.0	3.2	1.3	1.1

Source: TEDS

Notes: NA = Data not available. “Alcohol only” category includes admissions for abuse of alcohol alone, with no secondary drug abuse. “Alcohol with Secondary Drug” category includes admissions for primary abuse of alcohol with secondary abuse of drugs. “Cocaine (smoked)” category includes admissions for smoked cocaine such as crack. “Cocaine (other route)” category includes admissions for cocaine taken by routes other than smoking. “Marijuana” category includes admissions for THC and any other cannabis sativa preparation. “Other opiates” category includes admissions for non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects. “PCP” category includes admissions for phencyclidine. Hallucinogens category includes admissions for lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), dimethoxyphenylethylamine (STP), mescaline, psilocybin, peyote, etc. “Amphetamines” category includes methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, preludin, Ritalin and any other amines and related drugs. “Other stimulants” category includes admissions for all other stimulants. “Tranquilizers” category includes admissions for benzodiazepines, which include diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam and other tranquilizers. “Sedatives” category includes admissions for barbiturates including phenobarbital, Seconal, Nembutal and other sedatives/hypnotics such as chloral hydrate, Placidyl, Doriden, etc. “Inhalants” category includes admissions for ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc. “Other/unknown” category includes admissions for other or unknown substances not listed above.